

# Head-To-Toe Assessment

## General Survey



1. Patient position
2. Level of consciousness
3. Level of alertness
4. Eye opening
5. Presence or absence of nasal flaring

## Head & Face

1. Size and shape of head
2. position of head
3. proportion of head
4. facial features
5. facial symmetry
6. facial hair
7. facial skin
8. facial features
9. facial features?

## Neck



1. Inspect neck for pulsations
2. Inspect neck for symmetry
3. Check trachea midline
4. palpate thyroid gland (one side at a time)
5. Auscultate carotid arteries with bell for bruits
6. Auscultate carotid artery with diaphragm

## Eyes



1. Check external eyes
2. Inspect palpebral fissures
3. Inspect lid margin
4. Inspect conjunctiva (clear or pink?)
5. Inspect sclera
6. Palpate lacrimal gland
7. Assess visual acuity
8. Snell test
9. Assess eyes range of motion by corneal light reflex
10. Inspect PERALA
11. Inspect red light reflex

## Ears



1. Size of ear
2. Shape of external ear
3. Color of ear consistent with face?
4. Inspect for drainage, cerumen, lesions, rashes, skin integrity, and hair
5. Inspect for deformities
6. Inspect for tenderness
7. Perform Weber test
8. Inspect tympanic membrane. Is it shiny and translucent? Light reflex is appropriate bilaterally? (5:00 right ear, 7:00 left ear)
9. Perform Romberg test

## Mouth & Throat



1. Inspect lips for color, moisture, integrity, and lesions
2. Inspect tongue for cavities, level of oral cavity, and surface texture, and color
3. Inspect throat for color and presence of tonsils
4. Inspect uvula using tongue depressor
5. Inspect throat color and presence of tonsils
6. Palpate uvula using tongue depressor

## Heart



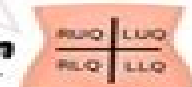
1. Inspect precordium for heaves, of lifts
2. Palpate apical pulse
3. Palpate sternum and tricus
4. Auscultate heart and bell APETM (aortic, Erb's point, tricus)

## Lungs



1. Inspect ratio to transverse diameter
2. Palpate expansions anterior and posterior
3. Percuss anterior and posterior, dull, flat) and identify
4. Cough
5. Auscultate breath sounds

## Abdomen



1. Inspect for contour
2. Inspect for umbilicus
3. Auscultate sounds in all 4 quadrants
4. Percuss tympany
5. Light deep palpation in all 4 quadrants
6. Palpate gallbladder (Murphy's sign)
7. Palpate appendix (RLQ)

## Skin

1. Inspect for edema, hair, moles, rashes, scars, bruising
2. Inspect for discoloration, and
3. Check for asymmetry, temperature, elevation
4. Check for swelling
5. Check for cyanosis?

## Peripheral Vessels

1. Check fingers for clubbing
2. Check capillary refill
3. Palpate brachial and radial pulse
4. Palpate femoral and popliteal nodes
5. Inspect for varicose veins
6. Palpate pedal pulse

# Www Head To Toe Easy Assessment Guide

**D Kirk**



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**Foundations and Adult Health Nursing - E-Book** Barbara Lauritsen Christensen, Elaine Oden Kockrow, 2013-12-27 Part of the popular LPN Threads series this comprehensive text includes in depth discussions of fundamental concepts and skills plus medical surgical content to help you provide safe and effective care in the fast paced healthcare environment Easy to read content an enhanced focus on preparing for the NCLEX Examination and a wealth of tips and study tools make Foundations and Adult Health Nursing 6th Edition your must have text

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Fitzpatrick,2003 This new edition of the award winning guide to the web for nurses is nearly double in size and twice as useful Expert nurses in more than 50 content areas have carefully selected and reviewed nearly 400 web sites available in their specialty areas resulting in an authoritative guide to the best the web has to offer for the professional nurse Each web description includes a summary of the site intended audience sponsor level of information and relevance to nurses The book also indicates sites which can be referred to patients      **Essential Clinical Skills: Enrolled Nurses** Joanne

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### **Table of Contents Wwww Head To Toe Easy Assessment Guide**

1. Understanding the eBook Wwww Head To Toe Easy Assessment Guide
  - The Rise of Digital Reading Wwww Head To Toe Easy Assessment Guide
  - Advantages of eBooks Over Traditional Books
2. Identifying Wwww Head To Toe Easy Assessment Guide
  - Exploring Different Genres
  - Considering Fiction vs. Non-Fiction
  - Determining Your Reading Goals
3. Choosing the Right eBook Platform
  - Popular eBook Platforms
  - Features to Look for in an Wwww Head To Toe Easy Assessment Guide
  - User-Friendly Interface
4. Exploring eBook Recommendations from Wwww Head To Toe Easy Assessment Guide
  - Personalized Recommendations

- Ww Head To Toe Easy Assessment Guide User Reviews and Ratings
- Ww Head To Toe Easy Assessment Guide and Bestseller Lists
- 5. Accessing Ww Head To Toe Easy Assessment Guide Free and Paid eBooks
  - Ww Head To Toe Easy Assessment Guide Public Domain eBooks
  - Ww Head To Toe Easy Assessment Guide eBook Subscription Services
  - Ww Head To Toe Easy Assessment Guide Budget-Friendly Options
- 6. Navigating Ww Head To Toe Easy Assessment Guide eBook Formats
  - ePub, PDF, MOBI, and More
  - Ww Head To Toe Easy Assessment Guide Compatibility with Devices
  - Ww Head To Toe Easy Assessment Guide Enhanced eBook Features
- 7. Enhancing Your Reading Experience
  - Adjustable Fonts and Text Sizes of Ww Head To Toe Easy Assessment Guide
  - Highlighting and Note-Taking Ww Head To Toe Easy Assessment Guide
  - Interactive Elements Ww Head To Toe Easy Assessment Guide
- 8. Staying Engaged with Ww Head To Toe Easy Assessment Guide
  - Joining Online Reading Communities
  - Participating in Virtual Book Clubs
  - Following Authors and Publishers Ww Head To Toe Easy Assessment Guide
- 9. Balancing eBooks and Physical Books Ww Head To Toe Easy Assessment Guide
  - Benefits of a Digital Library
  - Creating a Diverse Reading Collection Ww Head To Toe Easy Assessment Guide
- 10. Overcoming Reading Challenges
  - Dealing with Digital Eye Strain
  - Minimizing Distractions
  - Managing Screen Time
- 11. Cultivating a Reading Routine Ww Head To Toe Easy Assessment Guide
  - Setting Reading Goals Ww Head To Toe Easy Assessment Guide
  - Carving Out Dedicated Reading Time
- 12. Sourcing Reliable Information of Ww Head To Toe Easy Assessment Guide
  - Fact-Checking eBook Content of Ww Head To Toe Easy Assessment Guide

- Distinguishing Credible Sources
- 13. Promoting Lifelong Learning
  - Utilizing eBooks for Skill Development
  - Exploring Educational eBooks
- 14. Embracing eBook Trends
  - Integration of Multimedia Elements
  - Interactive and Gamified eBooks

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