

**Capital Area School of Practical Nursing
Head to Toe Physical Assessment of Adult**

Student Name:	Date:
Resident/Patient Initials:	
Diagnosis:	
<input type="checkbox"/> Vital Signs-T, P, R, BP, SpO2 <input type="checkbox"/> Pain	
General: <input type="checkbox"/> Height/Weight <input type="checkbox"/> Body Build <input type="checkbox"/> Dress, Hygiene and Posture <input type="checkbox"/> Mood and Response to Caregiver <input type="checkbox"/> Characteristics of Speech <input type="checkbox"/> Level of Consciousness <input type="checkbox"/> Orientation (person, place and time-month and year)	
Head <input type="checkbox"/> Description of head (size/shape) <input type="checkbox"/> Palpate skull <input type="checkbox"/> Scalp/Hair description Eyes <input type="checkbox"/> Symmetry/Drooping or sagging of eyelids <input type="checkbox"/> Size and Response to light of pupils, PERRL <input type="checkbox"/> Color/condition sclera and conjunctiva <input type="checkbox"/> Extraocular movements (6 cardinal fields of gaze) <input type="checkbox"/> Vision Ears <input type="checkbox"/> Symmetry <input type="checkbox"/> Drainage/Cerumen <input type="checkbox"/> Hearing Nose <input type="checkbox"/> Symmetry <input type="checkbox"/> Septum midline/deviated <input type="checkbox"/> Drainage <input type="checkbox"/> Nasal mucosa <input type="checkbox"/> Patency of nares Mouth <input type="checkbox"/> Symmetry mouth (smile) and tongue (midline protrusion) <input type="checkbox"/> Oral cavity, mouth, lips, oral mucosa, teeth and gums <input type="checkbox"/> Uvula say "ah" Neck <input type="checkbox"/> ROM <input type="checkbox"/> Palpate trachea (symmetry/tenderness) <input type="checkbox"/> Carotid Pulses (one at a time)	

<p>Anterior/Posterior Chest</p> <p><input type="checkbox"/> Inspect anterior/posterior chest (skin assessment)</p> <p><input type="checkbox"/> Assess skin turgor over clavicle</p> <p><input type="checkbox"/> Inspect respiration</p> <p><input type="checkbox"/> Auscultate Heart (apex, one minute, regular or irregular)</p> <p><input type="checkbox"/> Auscultate lungs (posterior (6 sites), anterior (2 sites) and axilla (2 sites))</p> <p><input type="checkbox"/> Palpate anterior and posterior chest</p> <p><input type="checkbox"/> Assess spine</p>	
<p>Abdomen</p> <p><input type="checkbox"/> Inspect abdomen</p> <p><input type="checkbox"/> Auscultate in 4 quadrants</p> <p><input type="checkbox"/> Palpate abdomen in 4 quadrants</p>	
<p>Diet</p> <p><input type="checkbox"/> Type of diet</p> <p><input type="checkbox"/> Swallowing difficulty</p> <p><input type="checkbox"/> Appetite</p>	
<p>Bowel and Bladder</p> <p><input type="checkbox"/> Assess genitourinary (color, odor, frequency, urgency, pain)</p> <p><input type="checkbox"/> Last BM</p> <p><input type="checkbox"/> Nausea/Vomiting/Diarrhea/Constipation</p> <p><input type="checkbox"/> Incontinence bowel and bladder</p>	
<p>Upper Extremities</p> <p><input type="checkbox"/> Skin Assessment</p> <p><input type="checkbox"/> Sensation, Capillary refill, clubbing</p> <p><input type="checkbox"/> Strength</p> <p><input type="checkbox"/> ROM</p> <p><input type="checkbox"/> Radial pulses</p> <p>Lower Extremities</p> <p><input type="checkbox"/> Skin assessment</p> <p><input type="checkbox"/> Sensation, capillary refill</p> <p><input type="checkbox"/> Strength</p> <p><input type="checkbox"/> ROM</p> <p><input type="checkbox"/> Edema</p> <p><input type="checkbox"/> Pedal pulses</p> <p><input type="checkbox"/> Motor function and balance</p>	
<p>Miscellaneous</p> <p><input type="checkbox"/> Drains/casts/IVs/dressings</p> <p><input type="checkbox"/> Other</p>	

