

Head to Toe Physical Assessment

POLST/Code Status VS 7:30 Temperature Pulse Respirations BP / Pain /10
 VS 11:30 Temperature Pulse Respirations BP / Pain /10

GENERAL SURVEY

How does the client look?	Age _____ Male/Female Body Build: Thin Cachectic Obese WNL
	Height _____ Weight _____ Well groomed Poorly Groomed
	Facial Expression: Anxious Happy Sad Angry

NEUROLOGICAL

(LOC) Level of Consciousness	Alert Awake Lethargic Obtunded Stuper Comatose Confused Decerebrate Decorticate
Eyes	Oriented x 4: Person Place Time Event Response to touch/voice
	Unaided sight Glasses Contact lens Implants Prosthesis Snellen 20/ Blind
Pupils	Equal Round Reactive to light Accommodates Sluggish Brisk Nonreactive to light Consensual
	Pupil size before light _____mm Pupil size after light _____mm
Ears	Unaided hearing Hard of hearing Deaf Hearing aid Implant Cerumen Drainage
Extremities	Hand grips +1 +2 +3 +4 +5 equal unequal Foot pushes +1 +2 +3 +4 +5 equal unequal
Cranial Nerves - intact	I(smell) II(vision) III+IV+VI(eye movement) V(sensation of face/oral) VII (facial movement/taste)
	VIII (hear/balance) IX (taste/swallow) X (chew/gag/speech) XI (shrug/turn head) XII(tongue movement)
Pain	Character Onset Location Duration Severity Pattern Associated Factors COLDSPA

CARDIOVASCULAR

Skin / Mucous Membranes	Pink Pale Cyanotic Jaundiced Ruddy Flushed Diaphoretic
Radial and Pedal Pulses	Radial: Palpable (L/R) Absent (L/R) Pedal: (DP PT) Palpable (L/R) Absent (L/R)
Apical Radial Pulses	(2 people simultaneously) Apical and Radial Pulse Deficit
Carotid Pulses	(DO NOT TAKE AT SAME TIME) Right Left Thrill Bruit
Capillary Refill	Normal (<3 Sec) _____sec
Jugular Neck Veins	Not visible Visible
Edema	Absent Present: location +1 +2 +3 +4 Anasarca Pitting Non Pitting
Calf Tenderness	Denies Positive Homan's sign R L calf size R _____ L _____ (team leader or charge nurse notified)
Heart Rhythm/ Sounds – S1S2	Regular Irregular Murmur Extra sounds Strong Faint Muffled
	Telemetry: rhythm _____ Pacemaker Defibrillator location
IV	Solution _____ Rate _____ml/hr Pump
	Site location (be specific) _____
	Site appearance: Clear Edema Erythema Tender Pallor
	Dialysis access: type _____ Thrill Bruit Location: _____ Appearance: _____

RESPIRATORY

Respirations	Regular Irregular Even Uneven Unlabored Labored Symmetrical Asymmetrical
Lung Sounds	Clear LUL RUL LLL RLL RML Anterior Posterior
	Wheezes location _____ Rales/crackles location _____ Rhonchi location _____
	Nasal flaring Sternal retraction Intercostal retraction
	Do lung sounds improve with cough and deep breath? If no, report to team leader
Cough	None Nonproductive Dry Moist Productive Sputum: amount color frequency
Oxygen	Room air Pulse ox _____ O2 at _____L/min Nasal Cannula Mask
	Tent CPAP BIPAP
Respiratory Treatments	Incentive Spirometer (IS): ml _____ frequency _____ hold for _____ seconds # of times _____
	HHN medication Bipap Ventilator? TV rate O2% other

ALLERGIES

BLOOD GLUCOSE

GASTROINTESTINAL

Oral	Teeth	Dentures	Caries	Dysphagia	Mucous Membranes:	intact	moist	dry	pale	leukoplakia	
Abdomen: Inspect	Soft	Round	Flat	Scaphoid	Obese	Firm	Hard	Nondistended	Distended	Tender	Non Tender
Auscultate Percuss Palpate	Location:										
Bowel Sounds	RLQ	RUQ	LUQ	LLQ	Normoactive	Hypoactive	Hyperactive	Absent			
NG/ GT/ JT	None	Type of tube _____			patent	nonpatent					
	Suction: low		high	Color of drainage			amount				
Bowel Movement	Continent	Incontinent	last BM	Color	Size	Consistency	Ostomy	Stool			
Nutrition	Diet _____		% eaten	Breakfast _____	Lunch _____	NPO? Why _____					
	Self feed	Needs assistance	Thickened liquids: honey nectar			pudding	Tube Feed _____				

GENITOURINARY

Urine	Continent	Incontinent	Catheter type _____			Patent	Nonpatent _____				
	Color _____		Clear	Cloudy	Sediment	Burning	Frequency				
Intake and Output	PO/Oral/Tube Feed intake _____			IV intake _____	Urine output _____	Other output					
	Fluid restriction			Total I&O +/- _____							
Genitalia	Male	Female	vaginal discharge	LMP	post partum						

MUSCULOSKELETAL

Mobility	ADLs independent or assisted with _____										
Muscle treatment	None	Cast	Brace	Splint	Location	Elevate	Traction - type	traction wt:			
CMST	Circulation: color, pulses, cap refill			Motion	Sensation	Temperature					
	RA	LA	RL	LL	Antiembotic Hose:knee/thigh						
Contractures	Not present	Present – which extremity?				What % decreased?					
Amputation	No	Yes	Location _____								
ROM	AROM	AAROM	PROM	CPM	Limited location _____						
Mobility	Turns self	Sits independently	Dangles	Stands independently	Walks independently						
	Ambulatory assistance: Gait belt Cane Walker Crutches Braces Wheelchair Gerichair										
	Walks: distance		frequency	tolerance	PT OT RNA						
Risk for Falls	Bed alarm	Chair alarm	1 or 2 Person Transfer	Floor pad	Side Rails	Mechanical Lift	Slide Board				

INTEGUMENTARY

Appearance	Intact	Color _____	Pallor	Rash	Bruise	Lesions	Scar	Location _____			
	Turgor _____		seconds	Site _____							
Skin	Warm	Hot	Cool	Cold	Dry	Moist					
Wound Dressing	None	Surgical site – Location			Well approximated	Sutures	Staples	Steristrips			
	Dressing: Dry/intact Non-intact Change: yes no										
	Drainage: Color			Amount _____	Odor _____						
Pressure Ulcers	Wound appearance			Drain type _____	Amount _____						
	Stage	Location	Size	Tunneling	Eschar	Slough					
	Stage	Location	Size	Tunneling	Eschar	Slough					
	Stage	Location	Size	Tunneling	Eschar	Slough					

ISOLATION

Type	Culture	Site	Type	Culture	Site
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PSYCHOSOCIAL

Behavior	Cooperative	Uncooperative	Pleasant	Withdrawn	Combative	Other _____					
Restraints	None	Chemical	Physical: type		location						
	CMST of extremity		RA	LA	RL	LL	Frequency Checked _____	See Restraint Form			
Language spoken	English = speaks and understands			other _____	Interpreter						

STUDENT(printed) _____ **Date** _____ **Client initials** _____ **Room Number** _____

NANDA DX _____

Medical DX _____