

## Nursing Health Assessment Checklist from Nursing School Clinical

Student Name: \_\_\_\_\_

Date: \_\_\_\_\_

Evaluator: \_\_\_\_\_

Time: \_\_\_\_\_

Student must demonstrate competence in the following (place check mark in appropriate column):

Assessment Skill	1- Excellent (Asks or performs independe ntly and correctly)	0.50- Good (Asks or performs but incorec tly)	0.25- Fair (Asks but does not perform )	0- Poor (Does not ask or perform)
<b>PREPARATION</b>				
Assembles and cleans needed equipment.				
Washes hands.				
Introduces self to patient.				
Asks the patient for consent/permission.				
Informs patient of what they are going to do.				
Asks about current illness.				
Asks about relevant PMH.				
Assesses patient oriented to person, place, time, and situation.				
Performs full set of vital signs, height & weight:				
Pulse				
BP				
Respiration's				
Temperature				
Saturation				
Pain				
Height				
Weight				

Performs full head-to-toe assessment:

## HEAD

Inspect & palpate:

Cranium for tenderness, pain

Occipital glands at base of skull

## FACE

Inspect:

For symmetry

Have patient smile, frown, puff out cheeks [CN 5, 7]

Palpate:

Preauricular lymph nodes in front of tragus

Post auricular or mastoid

Tonsil at angle of lower jaw

Submaxillary midway angle of lower jaw and chin

Submental midline behind the tip of the chin

## EYES

Inspect:

External sclera, conjunctiva

Test:

PERRLA

Describe:

Corneal reflex (CN 5)

## EARS

Inspect:

External ear size, shape, symmetry, position

Palpate:

Auricle

Mastoid process for tenderness

Push tragus for tenderness

## NOSE

Inspect:

For discharge, bleeding, inflammation

## MOUTH (gloves on)

Inspect (with tongue blade & penlight):

Lips

Gums				
Oral Mucosa				
Tongue (stick out move side-to-side [CN 12])				
Under tongue				
Describe:				
Gag reflex (CN 9 & 10)				
<b>NECK</b>				
Inspect:				
Ask to rotate neck through flexion, extension, rotation, and lateral flexion				
Note neck vein distention				
Test:				
Neck movements against resistance (using hand)				
Palpate:				
Lymph nodes – superficial cervical, posterior cervical, deep cervical, supraclavicular				
Carotids/tracheal position				
Auscultate:				
Carotid arteries and thyroid for bruits				
<b>UPPER EXTREMITIES</b>				
Inspect & Palpate:				
Hands, arms, shoulders, muscle mass, skin turgor, & nodes/lesions				
Palpate:				
Radial pulses				
Assess:				
Upper arm strength against resistance (push and pull)				
Capillary refill				
<b>MOVE TO BACK OF PATIENT – Tell client you will assess her or his back &amp; open back of gown</b>				
<b>BACK</b>				
Inspect:				
Symmetry, movement, breathing				
Palpate:				

Tenderness, alignment, bulging, retractions, lesions, masses, skin				
Test:				
Tactile fremitus on L and R of spine using heel of hand, "Say '99'"				
Percuss:				
Apex to bases both sides				
CVA tenderness (ask if tender)				
Auscultate:				
Breath sounds (Top, mid, low bilaterally & R axillary line for mid lobe) on both inspiration & expiration				
<b>MOVE AROUND TO FRONT OF PATIENT – Still sitting up</b>				
Auscultate:				
Breath sounds on front				
<b>DESCRIBE FEMALE BREAST – 1<sup>st</sup> HALF</b>				
Inspect:				
Size, shape, dimpling, symmetry				
Ask if patient does Breast Self Exam				
Have patient lift hand over head, lean forward, & put hands on hips and push in				
Palpate:				
Deep underarm lymph nodes (R axillae with L hand & L axillae with R hand)				
<b>DESCRIBE MALE BREAST</b>				
Inspect & palpate:				
Breast tissue & tail of Spence				
Palpate:				
Nodes (R axillae with L hand & L axillae with R hand)				
<b>CHEST (still sitting up)</b>				
Inspect:				
For symmetry, movement, breathing				

<b>Palpate:</b>				
Aortic at 2 <sup>nd</sup> ICS right sternal border				
Pulmonic at 2 <sup>nd</sup> ICS left sternal border				
Erbs at 3 <sup>rd</sup> ICS left sternal border				
Tricuspid at 4 <sup>th</sup> ICS left sternal border				
Mitral at 5 <sup>th</sup> ICS midclavicular line				
<b>Auscultate with diaphragm for one full beat in each location:</b>				
Aortic, Pulmonic, Erbs, Tricuspid, Mitral				
<b>LIE DOWN AT 30 Degrees – Describe covering patient with gown and use sheet to cover below waist</b>				
<b>DESCRIBE FEMALE BREAST – 2<sup>nd</sup> HALF</b>				
<b>Inspect:</b>				
Have patient put R hand behind her head for R breast and L hand behind head for L breast)				
<b>Palpate:</b>				
Inner to outer				
Tail of Spence				
Squeeze nipple for masses, discharge				
<b>CHEST</b>				
<b>Inspect &amp; palpate:</b>				
PMI at 5 <sup>th</sup> ICS for thrills, heaves, pulsations (visible movement of chest)				
<b>Auscultate with diaphragm for one full beat in each location:</b>				
Aortic, Pulmonic, Erbs, Tricuspid, Mitral				
<b>ABDOMEN (expose abdomen without compromising dignity)</b>				
<b>Inspect:</b>				
For symmetry				
Have patient cough to note pulsations/masses				
<b>Auscultate:</b>				
4 quadrants for bowel sounds				

<b>Percuss:</b>				
4 quadrants for dullness, tympany, etc.				
Liver edge				
<b>Palpate:</b>				
Superficial 4 quadrants				
Deep 4 quadrants				
Liver border				
Spleen				
Inguinal lymph nodes				
Femoral pulses				
COVER PATIENT				
<b>LEGS</b>				
<b>Inspect:</b>				
Skin, hair distribution, color, alignment, symmetry, varicosities, edema				
<b>Palpate:</b>				
Muscle strength and tone				
Popliteal, posterior tibial, dorsalis pedis pulses				
<b>Assess:</b>				
Knee to chest				
Internal & external rotation				
Lower extremity strength against resistance (lift and lower)				
<b>ANKLES &amp; FEET</b>				
<b>Inspect:</b>				
Feet & toes				
<b>Assess:</b>				
Dorsiflex and extend feet against resistance				
<b>CONCLUSION</b>				
Gives patient relevant education.				
Thanks patient for time.				
Cleans equipment.				
Washes hands.				
Describes documentation.				
<b>Total Points</b>	<b>/100</b>			
<b>Percentage</b>	<b>%</b>			
<b>Material Used</b>	🔪 BP	🔪 Stethoscope	🔪 Pen Light	

	Cuff		
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Comments:

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