Head to Toe Assessment Validation

Student Name:	Block	::D	ate:			
Instructor: Overall Validation Grade: S or U (circle one)						
Student Signature:						
Directions: This rubric outlines actions that you will have to perform in order to successfully pass the Head to Toe Assessment Validation. The rubric is broken down into sections with the section topic in bold at the beginning of that section. You will receive either a Satisfactory or Unsatisfactory for each section. If you receive an Unsatisfactory for a section, you will have to remediate on content for that section and revalidate on that section ONLY. Please note though that there are a couple of situations that would require you to revalidate on the entire Head To Toe Assessment such as: If you do not meet the requirements of completing your assessment in an organized, head to toe fashion, take longer than 30 minutes to validate or are unsuccessful on more than 3 sections, you will have to revalidate on the entire Head To Toe Assessment.						
Head to Toe Assessment Validation	Satisfactory S	Unsatisfactory U	Comments			
Professionalism:		- 1				
□Student arrives at their scheduled validation time. Student is considered late if the instructor calls out that student's name and the student is not in the specified waiting room. □Student must be in WSCC scrubs and follow clinical dress guidelines □Arrives with black pen, penlight, stethoscope, watch and B/P cuff □ID badge must be visible above the waist □Hair neat and off neck □Wears appropriate jewelry □No sunglasses/hats/visors/etc. □Nails at appropriate length with no polish or acrylics □Tattoos must be covered, if they are potentially offensive or frightening, while student is the nurse, □Be prepared with STAPLED grading rubric						
If all boxes in the professionalism portion are not checked, then the student CAN NOT proceed to complete the validation process and will be required to complete a remediation activity and revalidate on the makeup validation day						
Please circle in order for student to proceed:						
Allowed to proceed		Not allowed to	proceed			

	T	
Initial Interaction with Patient:		
☐ Student identifies self, role and what		
they are doing.		
☐ Performs hand hygiene		
☐ Identifies 2 sources of patient		
identification (Name & DOB) and checks		
against patient's armband		
General Appearance:		
☐ Assess posture and position and		
verbalize findings		
☐ Assess speech for tone, clarity and		
pace of speech and verbalize findings.		
☐ Assess to make sure content is		
appropriate and verbalize findings		
☐ Assess client's preferred language and		
verbalize findings		
☐ Assess gait and verbalize findings		
Vital Signs:		
☐ Assess oral temperature and verbalize		
findings		
☐ Assess radial pulse and verbalize		
findings		
☐ Assess respirations and verbalize		
findings		
☐ Assess blood pressure manually and		
verbalize findings (Not required to do 2		
step method)		
☐ Assess 02 Sat and verbalize findings		
Neuro:		
☐ Assess Level of Consciousness (LOC)		
and verbalize findings		
\square Assess orientation to person, place,		
time and situation and verbalize findings		
Pain:		**Your Book has 2
\Box Ask whether or not patient is in pain		meanings for R-
☐ Verbalize what each letter of		please use Related
OLDCARTS means		Symptoms for what
☐ Verbalize one question for each letter		R means.**
in OLDCARTS		
Skin & Nails:		
☐ Inspect skin color, temperature and		
moisture on upper and lower extremities		
and verbalize findings		

☐ Inspect nails for clubbing and		
verbalize findings		
☐ Assess capillary refill and verbalize		
findings		
HEENT:		
☐ Assess for facial symmetry and		
verbalize findings		
☐ Assess for PERRLA and verbalize		
findings		
☐ Assess EOM's by going through the 6		
cardinal positions of gaze and verbalize		
findings		
☐ Inspect mouth with penlight and		
verbalize findings		
Neck:		
☐ Inspect neck for symmetry, lumps and		
pulsations and verbalize findings		
☐ Palpate the lymph nodes of the face		
and neck and verbalize findings		
☐Palpate carotid artery and verbalize		
findings		
Cardiac:		
☐ Auscultate heart sounds in all 5		
ausculatory areas with diaphragm AND		
bell and verbalize findings		
Lungs:		
☐ Auscultate all lung sounds anteriorly		
and verbalize findings		
☐ Auscultate all lung sounds posteriorly		
and verbalize findings		
Musculoskeletal:		
Assess hand strength bilaterally and		
verbalize findings		
☐ Assess arm strength bilaterally and		
verbalize findings		
☐ Palpate strength of radial pulse bilaterally and verbalize grade/findings		
•		
☐ Assess leg strength bilaterally and		
verbalize findings		
☐ Assess foot strength bilaterally and verbalize findings		
-		
Palpate pedal pulses bilaterally and		
verbalize grade Abdomen:		

☐ Verbalize the correct order sequence		
for assessment of the abdomen.		
\square Inspect abdomen for contour,		
symmetry, skin characteristics, umbilicus		
and pulsations and verbalize findings		
☐ Auscultate bowel sounds in all 4		
quadrants and verbalize findings		
☐ Auscultate with bell for vascular		
sounds over the aorta and verbalize		
findings		
\Box Lightly palpate all 4 quadrants of the		
abdomen and verbalize findings		
Closure:		
\Box Let the patient know you are finished		
and when you will be back		
\square Bed rails up x2 or x3		
\square Bed in low position		
☐Call light within reach		
Additional Items:		
☐Student performed assessment in a		
systematic head to toe fashion with		
limited position changes.		
☐ Student did not take longer than 30		
minutes		
☐ Student did not receive a U in more		
than 3 sections		