

## Head to Toe Assessment Validation

Student Name: \_\_\_\_\_ Block: \_\_\_\_\_ Date: \_\_\_\_\_

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
<p><b>Professionalism:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Student arrives at their scheduled validation time. If time of arrival is questioned, the deciding factor will be the time that the student swiped in on the Kiosk machine.</li> <li><input type="checkbox"/> Student must be in WSCC scrubs and follow clinical dress guidelines</li> <li><input type="checkbox"/> Arrives with penlight and stethoscope</li> <li><input type="checkbox"/> ID badge must be visible</li> <li><input type="checkbox"/> Hair neat and off neck</li> <li><input type="checkbox"/> Wears appropriate jewelry</li> <li><input type="checkbox"/> No sunglasses/hats/visors/etc.</li> <li><input type="checkbox"/> Nails at appropriate length with no polish or acrylics</li> <li><input type="checkbox"/> Tattoos must be covered</li> <li><input type="checkbox"/> Be prepared with STAPLED grading rubric</li> </ul> <p><b>**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**</b></p> <p><b>Please circle in order for student to proceed:</b></p> <div style="display: flex; justify-content: space-around; margin-top: 10px;"> <span><b>Allowed to proceed</b></span> <span><b>Not allowed to proceed</b></span> </div>			
<p><b>Initial Interaction with Patient:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Student identifies self and role to patient</li> </ul>			

<input type="checkbox"/> Performs hand hygiene <input type="checkbox"/> Identifies 2 sources of patient identification (Name & DOB) and checks against patient's armband			
<b>General Appearance:</b> <input type="checkbox"/> Assess posture and position and verbalize findings <input type="checkbox"/> Assess speech for tone, clarity and pace of speech <input type="checkbox"/> Assess to make sure content is appropriate and verbalize findings <input type="checkbox"/> Assess client's preferred language and verbalize findings <input type="checkbox"/> Assess gait and verbalize findings			
<b>Vital Signs:</b> <input type="checkbox"/> Assess oral temperature and verbalize findings <input type="checkbox"/> Assess radial pulse and verbalize findings <input type="checkbox"/> Assess respirations and verbalize findings <input type="checkbox"/> Assess blood pressure and verbalize findings <input type="checkbox"/> Assess O2 Sat and verbalize findings			
<b>Neuro:</b> <input type="checkbox"/> Assess Level of Consciousness (LOC) and verbalize findings <input type="checkbox"/> Assess orientation to person, place, time and situation and verbalize findings			
<b>Pain:</b> <input type="checkbox"/> Ask whether or not patient is in pain <input type="checkbox"/> Verbalize what each letter of OLDCARTS means <input type="checkbox"/> Verbalize one question for each letter in OLDCARTS			
<b>Skin &amp; Nails:</b> <input type="checkbox"/> Inspect skin color, temperature and moisture on upper and lower extremities and verbalize findings <input type="checkbox"/> Inspect nails for clubbing and verbalize findings <input type="checkbox"/> Assess capillary refill and verbalize findings			
<b>HEENT:</b>			

<input type="checkbox"/> Assess for facial symmetry and verbalize findings <input type="checkbox"/> Assess for PERRLA and verbalize findings <input type="checkbox"/> Assess EOM's by going through the 6 cardinal positions of gaze and verbalize findings <input type="checkbox"/> Inspect mouth with penlight and verbalize findings			
<b>Neck:</b> <input type="checkbox"/> Inspect neck for symmetry, lumps and pulsations and verbalize findings <input type="checkbox"/> Palpate the lymph nodes of the face and neck and verbalize findings <input type="checkbox"/> Palpate carotid artery and verbalize findings			
<b>Cardiac:</b> <input type="checkbox"/> Auscultate heart sounds in all 5 auscultatory areas with diaphragm <b>AND</b> bell and verbalize findings			
<b>Lungs:</b> <input type="checkbox"/> Auscultate all lung sounds anteriorly and verbalize findings <input type="checkbox"/> Auscultate all lung sounds posteriorly and verbalize findings			
<b>Musculoskeletal:</b> <input type="checkbox"/> Assess hand strength and verbalize findings <input type="checkbox"/> Assess arm strength and verbalize findings <input type="checkbox"/> Palpate strength of radial pulse and grade <input type="checkbox"/> Assess leg strength and verbalize findings <input type="checkbox"/> Assess foot strength and verbalize findings <input type="checkbox"/> Palpate pedal pulses and grade			
<b>Abdomen:</b> <input type="checkbox"/> Verbalize the correct order sequence for assessment of the abdomen. <input type="checkbox"/> Inspect abdomen for contour, symmetry, skin characteristics, umbilicus and pulsations and verbalize findings			

<input type="checkbox"/> Auscultate bowel sounds in all 4 quadrants and verbalize findings <input type="checkbox"/> Auscultate with bell for vascular sounds over the aorta and verbalize findings <input type="checkbox"/> Lightly palpate all 4 quadrants of the abdomen and verbalize findings			
<b>Closure:</b> <input type="checkbox"/> Let the patient know you are finished and when you will be back <input type="checkbox"/> Bed rails up x2 or x3 <input type="checkbox"/> Bed in low position <input type="checkbox"/> Call light within reach			
<b>Additional Items:</b> <input type="checkbox"/> Student performed assessment in a systematic head to toe fashion with limited position changes. <input type="checkbox"/> Student did not take longer than 30 minutes <input type="checkbox"/> Student did not receive a U in more than 3 sections			