

Head to Toe Examination

Objectives

A systematic head-to-toe examination is performed upon patient admission, at the start of every shift, and whenever the patient's hemodynamic status and the situation warrant it.

All body structures are evaluated from head to toe, and the results provide the medical practitioner with information on the patient's general health.

Any unexpected findings should be followed up with a focused evaluation tailored to the afflicted body system.

Introduction

Wash your hands and wear PPE if appropriate

Introduce yourself to the patient including your name and role

Confirm the patient's name and date of birth

Briefly explain what the examination will involve using patient-friendly language

Gain consent to proceed with the examination

The patient should be in sitting position

Ask if the patient has any pain before proceeding

General inspection

A: Appearance; well, ill, irritable, toxic.

If the patient looks ill, evaluate the ABCCS (airway, breathing, circulation, consciousness, and safety).

B: Body built: (weight, height, waist circumference) Breathing respiratory Distress, grunting, wheezing.

C: Color pale, jaundice, cyanosis.

D: Dehydration/dysmorphic features

Skin, hair, and nails:

Inspection: for rashes, bruises, lesions, edema, pressure areas, scalp, and hair

Palpation: skin for temperature, moisture, and texture.

Examine nail for capillary refill.

Head and Neck

Inspection: for head, scalp and hair.

Check for discharge in the eyes.

Check eye movement.

Look for pupillary response to light in the eyes.

Inspect the inside of the nose (each nostril) with the otoscope.

Check for moisture, color, and dentures in the mouth, tongue, and teeth.

Inspect the external ear thoroughly, looking in front, and then pull the ear forward to look behind the ear.

Examine each internal ear with an otoscope by pulling up and back on the patient's ear and inserting the speculum and carefully examining the internal ear.

Check for symmetry in the face.

Assess all cervical lymph nodes by (inspection, palpation).

Assess thyroid gland by (inspection, palpation).

Chest

Inspection (Respiratory and cardiovascular system): for Chest wall expansion/retraction, breathing effort, and/or usage of auxiliary muscles distended jugular vein, scars, asymmetry, skeletal abnormalities, and pacemaker.

Respiratory system Examination:

Palpation: To feel for equal expansion of the lungs, apex beat, tracheal position.

Percussion: Different areas of the lungs including axilla, compare between both sides.

Auscultation: For breath sounds anteriorly and posteriorly, Apices and bases for type (vesicular, bronchial), intensity, added sound (crackles or wheeze).

Cardiac Examination:

Palpation: For Apex beat (rate and rhythm), thrill, heave, other praecordial impulses.

Auscultation: For heart sounds S1, S2, and any added sounds in Mitral area with bell and diaphragm, tricuspid area, pulmonary area, aortic area.

Murmurs: associated features, timing, area of greatness intensity, loudness and pitch.

Any unexpected findings should be followed up with a focused respiratory or cardiac evaluation.

Abdomen

Inspection: Any distension, asymmetry, scars in the abdomen, contours, localized masses, and skin changes.

Palpation (light & deep): Use gentle pressure solely to feel the four quadrants for pain, tenderness, masses, and organs.

Percussion: percuss the liver area and detect its upper border, Percuss the suprapubic area for undue dullness (bladder distension).

If the abdomen appears distended, test for shifting dullness (ascites).

Auscultation: for Bowel sounds, aortic, and renal arteries bruits.

Inspect the color and the urine test strip.

Any unexpected findings should be followed up with a focused abdominal (GIT and Renal) evaluation.

Extremities (always compare both sides)

Inspection: check the arms and legs for bruising, edema, swelling, deformities.

Examine the pressure points and joint movement.

Palpation: joints, peripheral pulses, capillary refill (hands and feet).

Evaluate the power and tone of muscles.

Examine the reflexes and the sensation.

Examine the pressure points and the integrity of the skin.

Back

Turn the patient to the side or ask him to sit up or lean forward.

Inspection: back, spine, coccyx/buttocks.

Palpation for tenderness and edema

Tubes, drains, dressings and IVs

Inspection: for drainage, position, and function.

Inspect wounds for unusual drainage.

Mobility

Examine for full or partial weight bearing.

Assess the gait/balance.

Assess the need for walking aids.

After examination

Ensure patient comfort, cover and thank the patient.

Provide explanations, address questions, and discuss the management plan with the patient.

Dispose of waste material following infection control standards.

Do not forget to wash your hands.

Reference: Talley, N. J., & O'Connor, S. Clinical Examination: A Systematic Guide to Physicians Diagnosis, 9th Edition.