NSG521 Assessment Unit 14 Nursing Skill Competency: Comprehensive Assessment (Head to Toe)

Name: ________________________________ Date: ____________________

Start Time: ____________________ End Time: __________________

Preparation	Comments	Yes	No
Gather appropriate supplies for assessment and any skills		+1	
Perform hand hygiene		+1	
Introduce self and Provide privacy		+1	
Identify patient with two identifiers		+1	
Explain procedure to patient		+1	
Health History			
Determine reason for seeking care		+3	
Asks two pertinent questions related to reason for seeking care		+3	
Asks for any allergies		+3	
Asks for past medical history		+3	
Asks about any previous surgeries		+3	
Asks about family medical history		+3	
Collects current medication list		+3	
Conducts assessment for health risk variables (alcohol, drug, and tobacco use, are you safe at home)		+3	
Provides appropriate health maintenance or education interventions (flu vaccine, smoking cessation, access to healthcare or insurance needs)		+3	
Baseline vital signs (1 pts per vital)			
1. Blood pressure **2. Heart Rate** **3. Respiratory Rate** 4. Pulse Oximetry 5. Temperature		+5	
General Assessment			
Overall appearance-skin color, mood/affect, personal hygiene, comfortable, height and weight		+3	
Level of consciousness- Awake, alert, drowsy, coma Orientation -Person, place, time, situation		+3	
Communication: - Speech-clear, fluent, and understandable - Hearing-responses and facial expressions consistent with what is said/situation		+3	
Pain assessment- OPQRST (need to get all 5 for full points)			
1. Provokes or Palliates 2. Quality 3. Radiates		+3	

4. Severity 5. Time			
Neuro Assessment: (3 points per section)			
1. Pupil reaction and size in mm 2. Light reflex (direct & consensual) 3. Inspect extraocular movements 4. Muscle strength upper (hand grasps) & Muscle strength lower (plantar flexion against resistance) 5. Mobility-gait / use of assistive devices & ROM		+15	
Respiratory assessment: (3 points per section)			
1. Inspect chest wall for respiratory effort & accessory muscles 2. Auscultate breath sounds anteriorly & posteriorly in all lobes		+6	
Asks an additional question regarding respiratory (SOB, cough)		+1	
Cardiovascular Assessment: (3 points per section)			
1. Compare rate and rhythm of radial and apical pulses 2. Auscultate for S1 and S2 heart sounds in all four valves 3. Auscultate for murmurs and extra heart sounds in all four valves 4. Palpate most distal pulses in lower extremities 5. Palpate for pretibial edema 6. Palpate for capillary refill		+18	
Asks an additional question regarding cardiac (chest pain, swelling)		+1	
Skin Assessment: (3 points per section)			
1. Inspect Skin color Is it consistent with racial or ethnic heritage 2. Palpate for skin temperature & moisture 3. Assess hydration – turgor & mucous membranes 4. Assess skin integrity-lesions, bruising etc.		+12	
Gastrointestinal Assessment (3 points per section)			
1. Inspect contour of abdomen (round, flat, scaphoid, protuberant) **2. Auscultate bowel sounds prior to palpating** 3. Palpate abdomen for masses or tenderness 4. Ask appropriate question regarding GI (last bowel movement, flatus, pain)		+12	
Genitourinary Assessment: (3 points per section)			
1). Assess voiding pattern, color, and odor		+3	
Focused Assessment: (Worth a total of 20 points)			
1. Asks 2 more focused questions regarding specific concern 2. Performs additional assessment or testing based on patients concern		+20	
Student Interview & Assessment Techniques			
During the interview of the patient, the student used a balance of open and closed ended questions as well as using therapeutic communication techniques.		+2	
During interview of the patient, student demonstrated professionalism, interest, and attention while remaining relaxed and nonjudgmental		+2	
Physical exam is safe and comfortable for patient		+2	
All palpation, percussion, and auscultation completed on bare skin or verbalized would be on bare skin		+3	

Documentation			
Health history - Reason for seeking care - Thorough HPI and review of systems - PMH: allergies, illness, medications, family history - Health risk variables and education interventions		+7	
Vital Signs - Temperature - Pulse - Respirations - Blood pressure - Pain		+5	
General survey & HEENT - Orientation & LOC - Communication (speech & hearing) - Gait & mobility - PERRLA - EOM		+5	
Muscle strength - ROM upper extremities - Strength of upper extremities - ROM lower extremities - Strength of lower extremities		+2	
Respiratory - Respiratory effort - Breath sounds anteriorly & posteriorly		+5	
Cardiovascular - Comparison of apical and radial pulses - S1 S2 & rhythm - Murmurs or extra heart sounds - Pretibial edema - Distal pulses - Capillary refill		+7	
Integumentary - Color - Temperature & moisture - Integrity - Hydration status		+5	
Gastrointestinal & Genitourinary - Contour - Bowel sounds - Palpation - Bowel movement and flatus - Voiding patterns (urinary)		+7	
Additional Focused Assessment		+7	
Use of proper terminology		+4	
Student fails the skill if total score is less than 80% (160/200) **Automatic Fail if BOLD item is missed.**			

Total Score		/200

PASS: ___________

Practice Faculty Signature: ____ Date: ___________________

Check-Off Faculty Signature: ____ Date: ___________________

Comments: