**PERFORMANCE CHECKLIST: Skin, Hair & Nails**

|  |  |  |  |
| --- | --- | --- | --- |
| **Behaviour** | **Yes** | **No** | **Comments** |
| **Greet client by proper name** |  |  |  |
| **Introduce self (NOD)** |  |  |  |
| **Wash hands** |  |  |  |
| **Gather equipment** |  |  |  |
| **Obtain proper lighting** |  |  |  |
| **Provide for privacy** |  |  |  |
| **Explain procedure to client** |  |  |  |
| **Indicate confidentiality of interview and any limitations** |  |  |  |
| **Obtain or review history** |  |  |  |
| **Don gloves if indicated** |  |  |  |
|  |  |  |  |
| **Inspect and palpate the skin for:** |  |  |  |
| * Colour
 |  |  |  |
| * Temperature
 |  |  |  |
| * Moisture
 |  |  |  |
| * Texture
 |  |  |  |
| * Thickness
 |  |  |  |
| * General pigmentation
 |  |  |  |
| * Edema- if pitting, grade
 |  |  |  |
| * Mobility and turgor
 |  |  |  |
| * Vascularity or bruising
 |  |  |  |
| * Lesions
 |  |  |  |
|  |  |  |  |
| **Inspect and palpate the hair for:** |  |  |  |
| * Color
 |  |  |  |
| * Texture
 |  |  |  |
| * Distribution
 |  |  |  |
| * Lesions (including infestations)
 |  |  |  |
|  |  |  |  |
| **Inspect and palpate the nails for:** |  |  |  |
| * Shape and contour
 |  |  |  |
| * Consistency
 |  |  |  |
| * Color (including capillary refill)
 |  |  |  |
|  |  |  |  |
| **Cultural considerations** |  |  |  |
| **Teaching** |  |  |  |
| **Document findings** |  |  |  |
| **Explain all findings to client** |  |  |  |

**PERFORMANCE CHECKLIST: Head, Neck & Regional Lymphatics**

|  |  |  |  |
| --- | --- | --- | --- |
| **Behaviour** | **Yes** | **No** | **Comments** |
| **Greet client by proper name** |  |  |  |
| **Introduce self (NOD)** |  |  |  |
| **Wash hands** |  |  |  |
| **Gather equipment** |  |  |  |
| **Obtain proper lighting** |  |  |  |
| **Provide privacy** |  |  |  |
| **State confidentiality of interview and limitations** |  |  |  |
| **Obtain or review history** |  |  |  |
| **Explain procedures** |  |  |  |
|  |  |  |  |
| **The Head** |  |  |  |
|  |  |  |  |
| **Inspect and palpate skull for:** |  |  |  |
| * size and contour
 |  |  |  |
| * deformities, lumps, tenderness
 |  |  |  |
| * temporal area (temporal artery,

temporomandibular joint) |  |  |  |
|  |  |  |  |
| **Inspect the face for:** |  |  |  |
| * expression
 |  |  |  |
| * symmetry
 |  |  |  |
| * involuntary movements (cranial nerve VII)
 |  |  |  |
| * edema
 |  |  |  |
| * lesions
 |  |  |  |
|  |  |  |  |
| **Eyes** |  |  |  |
|  |  |  |  |
| **Inspect external & anterior eye structures** |  |  |  |
| * eyebrows
 |  |  |  |
| * eyelids and lashes
 |  |  |  |
| * palpebral fissure placement
 |  |  |  |
| * eyeball alignment
 |  |  |  |
| * conjunctiva and sclera, using eversion of upper lid if necessary
 |  |  |  |
| * cornea and lens
 |  |  |  |
| * iris and pupil- size, shape, equality
 |  |  |  |
| * lacrimal apparatus
 |  |  |  |
|  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Test:** |  |  |  |
| * optic nerve (II):
 |  |  |  |
| o Snellen eye chart/visual acuity |  |  |  |
| o visual fields/confrontation test |  |  |  |
| * oculomotor (III), trochlear (IV), & abducens

(VI) nerves: |  |  |  |
| o cardinal fields of gaze |  |  |  |
| o cover/uncover test |  |  |  |
| o corneal light reflex |  |  |  |
| * oculomotor nerve (III):
 |  |  |  |
| o pupil reaction |  |  |  |
| * direct
 |  |  |  |
| * consensual
 |  |  |  |
| * accommodation
 |  |  |  |
|  |  |  |  |
|  |  |  |  |
| **Palpate** |  |  |  |
| * lacrimal apparatus
 |  |  |  |
|  |  |  |  |
| **Ears** |  |  |  |
|  |  |  |  |
| **Inspect external ear** |  |  |  |
| * size and shape
 |  |  |  |
| * position on head
 |  |  |  |
| * skin condition, lumps, tenderness
 |  |  |  |
| * external auditory meatus
 |  |  |  |
|  |  |  |  |
| **Palpate** |  |  |  |
| * pinna
 |  |  |  |
| * tragus
 |  |  |  |
| * mastoid process
 |  |  |  |
|  |  |  |  |
| **Otoscopic examination** |  |  |  |
| * external canal- cerumen, discharge, foreign

bodies, redness or swelling |  |  |  |
| * tympanic membrane
 |  |  |  |
| o color |  |  |  |
| o characteristics |  |  |  |
| o integrity |  |  |  |
|  |  |  |  |
| **Test hearing acuity:** |  |  |  |
| o vestibulocochlear/acoustic nerve (VIII ) |  |  |  |
| o voice test |  |  |  |
| * turbinates

o colour, exudate, swelling, polyps |  |  |  |
|  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Nose** |  |  |  |
|  |  |  |  |
| **Inspect external nose for:** |  |  |  |
| * symmetry
 |  |  |  |
| * deformity
 |  |  |  |
| * lesions
 |  |  |  |
| * patency
 |  |  |  |
|  |  |  |  |
| **Palpate:** |  |  |  |
| * external nose
 |  |  |  |
| * sinuses for tenderness
 |  |  |  |
| o frontal |  |  |  |
| o maxillary |  |  |  |
|  |  |  |  |
| **Inspect nasal cavity for:** |  |  |  |
| * color
 |  |  |  |
| * integrity
 |  |  |  |
| * septum
 |  |  |  |
| o deviation |  |  |  |
| o perforation |  |  |  |
| o bleeding**Mouth** |  |  |  |
|  |  |  |  |
| **Palpate:** |  |  |  |
| * temporomandibular joint (TMJ)
 |  |  |  |
|  |  |  |  |
| **Inspect:** |  |  |  |
| * teeth
 |  |  |  |
| * gums
 |  |  |  |
| * tongue
 |  |  |  |
| * oropharynx
 |  |  |  |
| * hypoglossal nerve (XII) function:
 |  |  |  |
| o tongue symmetry |  |  |  |
| **Inspect and palpate (using clean gloves):** |  |  |  |
| * lips
 |  |  |  |
| * tongue
 |  |  |  |
| * buccal mucosa
 |  |  |  |
| * palate
 |  |  |  |
|  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Throat** |  |  |  |
|  |  |  |  |
| **Inspect:** |  |  |  |
| * tonsils; inspect and grade
 |  |  |  |
| * glossopharyngeal (IX) & vagus (X) nerve

function: |  |  |  |
| o uvula position and movement |  |  |  |
| o test gag reflex with tongue blade |  |  |  |
|  |  |  |  |
| **Neck** |  |  |  |
|  |  |  |  |
| **Inspect for:** |  |  |  |
| * symmetry
 |  |  |  |
| * range of motion
 |  |  |  |
| * tracheal alignment
 |  |  |  |
| * enlarged salivary glands
 |  |  |  |
| * enlarged lymph nodes
 |  |  |  |
| * enlarged thyroid gland
 |  |  |  |
|  |  |  |  |
| **Palpate for:** |  |  |  |
| * masses or tenderness
 |  |  |  |
| o salivary glands |  |  |  |
| o thyroid gland |  |  |  |
| o lymph nodes |  |  |  |
| * submental
 |  |  |  |
| * submandibular
 |  |  |  |
| * tonsillar
 |  |  |  |
| * pre auricular
 |  |  |  |
| * post auricular
 |  |  |  |
| * occipital
 |  |  |  |
| * posterior cervical chain
 |  |  |  |
| * anterior cervical chain
 |  |  |  |
| * supraclavicular
 |  |  |  |
| * spinal accessory nerve (XI) function:
 |  |  |  |
| o sternocleidomastoid strength |  |  |  |
|  |  |  |  |
| **Auscultate :** |  |  |  |
| * thyroid gland for bruits (if enlarged)
 |  |  |  |
|  |  |  |  |
| **Special considerations and culture** |  |  |  |
| **Teaching** |  |  |  |
| **Document findings** |  |  |  |
| **Explain all findings to client** |  |  |  |

**PERFORMANCE CHECKLIST: Thorax & Lungs**

|  |  |  |  |
| --- | --- | --- | --- |
| **Behaviour** | **Yes** | **No** | **Comments** |
| **Greet client by proper name** |  |  |  |
| **Introduce self (NOD)** |  |  |  |
| **Wash hands** |  |  |  |
| **Obtain or review history** |  |  |  |
| **Gather equipment** |  |  |  |
| **Provide privacy** |  |  |  |
| **Indicate confidentiality of interview and findings and any limitations** |  |  |  |
| **Obtain or review history** |  |  |  |
| **Position appropriately for area to be examined** |  |  |  |
| **Explain procedure to client** |  |  |  |
|  |  |  |  |
| **Observe:** |  |  |  |
| * position for breathing
 |  |  |  |
| * skin colour and condition
 |  |  |  |
| * facial expression
 |  |  |  |
| * level of consciousness
 |  |  |  |
| * colour and shape of nails
 |  |  |  |
| * effort (use of accessory muscles)
 |  |  |  |
|  |  |  |  |
| **Identify landmarks** |  |  |  |
| * suprasternal notch
 |  |  |  |
| * angle of Louis
 |  |  |  |
| * 2nd rib
 |  |  |  |
| * location of lung fields
 |  |  |  |
|  |  |  |  |
| **Inspect anterior and posterior chest noting:** |  |  |  |
| * shape and configuration of thoracic cage
 |  |  |  |
| * symmetry
 |  |  |  |
| * anteroposterior ratio
 |  |  |  |
| * placement of scapulae
 |  |  |  |
| * angle of ribs
 |  |  |  |
| * quality of respirations
 |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Palpate anterior, posterior and lateral thorax for:** |  |  |  |
| * pain/tenderness, lumps, masses, crepitus
 |  |  |  |
| * confirm symmetric expansion
 |  |  |  |
| * tactile (vocal) fremitus
 |  |  |  |
|  |  |  |  |
| **Percuss** |  |  |  |
| * anterior and lateral chest:
 |  |  |  |
| o determine predominant note over lungfields |  |  |  |
| * posterior chest:
 |  |  |  |
| o determine predominant note over lungfields |  |  |  |
|  |  |  |  |
|  |  |  |  |
| **Auscultate anterior, posterior and lateral chest for:** |  |  |  |
| * presence and quality of normal breath sounds
 |  |  |  |
| o note type and location of anyadventitious breath sounds |  |  |  |
|  |  |  |  |
| **Teaching** |  |  |  |
| **Document findings** |  |  |  |
| **Explain all findings to client** |  |  |  |

**PERFORMANCE CHECKLIST: Heart & Peripheral Vascular System**

|  |  |  |  |
| --- | --- | --- | --- |
| **Behaviour** | **Yes** | **No** | **Comments** |
| **Greet client by proper name** |  |  |  |
| **Introduce self (NOD)** |  |  |  |
| **Wash hands** |  |  |  |
| **Gather equipment, including light source** |  |  |  |
| **Provide privacy** |  |  |  |
| **Indicate confidentiality of interview and any limitations** |  |  |  |
| **Obtain or review history** |  |  |  |
| **Position client appropriately for area to be examined** |  |  |  |
| **Explain procedures to client** |  |  |  |
|  |  |  |  |
| **With client lying supine with HOB elevated 30-45°** |  |  |  |
|  |  |  |  |
| **Chest** |  |  |  |
| **Inspect:** |  |  |  |
| * jugular veins for:
 |  |  |  |
| o pulsations |  |  |  |
| o distension (presence/absence) |  |  |  |
| * precordium for:
 |  |  |  |
| o pulsations |  |  |  |
| o retractions |  |  |  |
| o heaves (lifts) |  |  |  |
|  |  |  |  |
| **Palpate:** |  |  |  |
| * temporal pulses
 |  |  |  |
| * carotid pulses (one at a time)
 |  |  |  |
| * areas for abnormal pulsations, thrills:
 |  |  |  |
| o sternoclavicular |  |  |  |
| o aortic |  |  |  |
| o pulmonic |  |  |  |
| o tricuspid |  |  |  |
| o epigastric |  |  |  |
| * apical impulse (position on left side if nec.)
 |  |  |  |
| o note location of impulse |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Auscultate:** |  |  |  |
| * carotid arteries for bruits
 |  |  |  |
| * identify S1 and S2 heart sounds:
 |  |  |  |
| o aortic valve |  |  |  |
| o pulmonic valve |  |  |  |
| o Erb’s point |  |  |  |
| o tricuspid valve |  |  |  |
| o mitral valve |  |  |  |
| * determine apical rate x 1 minute
 |  |  |  |
| * assess for pulse deficit
 |  |  |  |
| \*\*\*client may sit up and lean forward or turn slightly to left side to confirm auscultatedsounds or if difficult to hear |  |  |  |
|  |  |  |  |
| **Arms and hands** |  |  |  |
|  |  |  |  |
| **Inspect for:** |  |  |  |
| * skin color
 |  |  |  |
| * edema
 |  |  |  |
| * clubbing (fingernails)
 |  |  |  |
| * lesions
 |  |  |  |
| **Palpate:** |  |  |  |
| * temperature
 |  |  |  |
| * turgor
 |  |  |  |
| * edema (grade if present)
 |  |  |  |
| * capillary refill
 |  |  |  |
| * upper extremity pulses (grade bilaterally):
 |  |  |  |
| o radial |  |  |  |
| o brachial |  |  |  |
|  |  |  |  |
| **\*Abdominal Vessels Assessed with Abdomen** |  |  |  |
|  |  |  |  |
| **Legs and feet** |  |  |  |
| **\*always compare bilaterally** |  |  |  |
| **Inspect for:** |  |  |  |
| * skin color
 |  |  |  |
| * hair distribution
 |  |  |  |
| * venous pattern
 |  |  |  |
| * edema
 |  |  |  |
| * atrophy
 |  |  |  |
| * lesions
 |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Palpate:** |  |  |  |
| * temperature
 |  |  |  |
| * peripheral pulses (grade bilaterally):
 |  |  |  |
| o femoral |  |  |  |
| o popliteal |  |  |  |
| o posterior tibial |  |  |  |
| o dorsalis pedis |  |  |  |
| * edema (presence or absence)
 |  |  |  |
| * can measure with disposable tape measure and record
* grade if pitting edema present
 |  |  |  |
| * measure muscle atrophy if present
 |  |  |  |
|  |  |  |  |
|  |  |  |  |
| **Teaching** |  |  |  |
| **Document findings** |  |  |  |
| **Explain all findings to client** |  |  |  |

**PERFORMANCE CHECKLIST: Abdomen**

|  |  |  |  |
| --- | --- | --- | --- |
| **Behaviour** | **Yes** | **No** | **Comments** |
| **Greet client by proper name** |  |  |  |
| **Introduce self (NOD)** |  |  |  |
| **Wash hands** |  |  |  |
| **Gather equipment** |  |  |  |
| **Obtain proper lighting** |  |  |  |
| **Provide privacy** |  |  |  |
| **Indicate confidentiality of interview and any limitations** |  |  |  |
| **Obtain or review history** |  |  |  |
| **Do nutrition assessment if not already done** |  |  |  |
| **Explain procedure to client** |  |  |  |
| **Have client empty bladder** |  |  |  |
| **Position the client supine with knees slightly bent** |  |  |  |
|  |  |  |  |
| **Inspect:** |  |  |  |
| * contour
 |  |  |  |
| * symmetry
 |  |  |  |
| * umbilicus
 |  |  |  |
| * condition of skin
 |  |  |  |
| * presence or absence of pulsations or

movements |  |  |  |
| * hair distribution
 |  |  |  |
|  |  |  |  |
| \*\*for auscultation, percussion and palpation skills – start in RLQ and assess each quadrant in a clockwise directioncovering all four quadrants |  |  |  |
|  |  |  |  |
| **Auscultate: \*do this first** |  |  |  |
| * bowel sounds
 |  |  |  |
| o presence/absence |  |  |  |
| o frequency |  |  |  |
| o character |  |  |  |
| * vascular sounds
 |  |  |  |
| o abdominal aorta |  |  |  |
| o renal arteries |  |  |  |
| o iliac arteries |  |  |  |
| o femoral arteries |  |  |  |
|  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Percuss:** |  |  |  |
| * for areas of tympany and dullness
 |  |  |  |
|  |  |  |  |
| **Palpate abdomen—light (about 1 cm)** |  |  |  |
| \*bend knees to increase relaxation and instructclient to breathe slowly |  |  |  |
| \*palpate verbalized tender areas LAST |  |  |  |
|  |  |  |  |
| **Assess for:** |  |  |  |
| * temperature changes
 |  |  |  |
| * masses
 |  |  |  |
| * pain
 |  |  |  |
| * guarding
 |  |  |  |
|  |  |  |  |
| **Perform:** |  |  |  |
| * test for costovertebral tenderness bilaterally
 |  |  |  |
|  |  |  |  |
| **Teaching** |  |  |  |
| **Document findings** |  |  |  |
| **Explain all findings to client** |  |  |  |

**PERFORMANCE CHECKLIST: Musculoskeletal**

|  |  |  |  |
| --- | --- | --- | --- |
| **Behaviour** | **Yes** | **No** | **Comments** |
| **Greet client by proper name** |  |  |  |
| **Introduce self (NOD)** |  |  |  |
| **Wash hands** |  |  |  |
| **Gather equipment** |  |  |  |
| **Provide privacy** |  |  |  |
| **Indicate confidentiality of interview and findings and any limitations** |  |  |  |
| **Obtain or review history** |  |  |  |
|  |  |  |  |
| **\*\*\*Observe muscles and joints for bilateral symmetry\*\*\*** |  |  |  |
|  |  |  |  |
| **Inspect EACH joint for:** |  |  |  |
| * size
 |  |  |  |
| * contour
 |  |  |  |
| * range of motion/limitations
 |  |  |  |
|  |  |  |  |
| **Inspect skin and tissue over joints for:** |  |  |  |
| * color
 |  |  |  |
| * condition and characteristics
 |  |  |  |
| * swelling
 |  |  |  |
| * masses or deformity
 |  |  |  |
|  |  |  |  |
| **Palpate each joint & compare bilaterally** |  |  |  |
| * temperature
 |  |  |  |
| * bony articulations, crepitation
 |  |  |  |
| * joint capsule: swelling, tenderness
 |  |  |  |
| * range of motion \*feel joint as it goes

through movement of PROM or AROM |  |  |  |
|  |  |  |  |
| **Measure each joint’s ROM in degrees, if applicable, and compare bilaterally** |  |  |  |
|  |  |  |  |
| **Inspect for straight spine and palpate spinous processes** |  |  |  |
|  |  |  |  |
| **Observe position & alignment of all bony****prominences, anterior, posterior, lateral and compare bilaterally** |  |  |  |
|  |  |  |  |
| **Muscle size and tone: \*compare bilaterally** |  |  |  |
| * inspect, measure, assess main muscles
 |  |  |  |
|  |  |  |  |
| **Test muscle strength: \*compare bilaterally** |  |  |  |
| * test and grade (0-5) main muscle groups
 |  |  |  |

**PERFORMANCE CHECKLIST: Mental Status**

|  |  |  |  |
| --- | --- | --- | --- |
| **Behaviour** | **Yes** | **No** | **Comments** |
| **Greet client by proper name** |  |  |  |
| **Introduce self (NOD)** |  |  |  |
| **Wash hands** |  |  |  |
| **Gather equipment** |  |  |  |
| **Provide privacy/appropriate environment** |  |  |  |
| **Indicate confidentiality of interview and any limitations** |  |  |  |
| **Obtain or review history** |  |  |  |
| **Explain purpose of interview** |  |  |  |
|  |  |  |  |
| **Appearance** |  |  |  |
| * posture
 |  |  |  |
| * body movements
 |  |  |  |
| * dress
 |  |  |  |
| * grooming and hygiene
 |  |  |  |
|  |  |  |  |
| **Behaviour** |  |  |  |
| * level of consciousness
 |  |  |  |
| * facial expression
 |  |  |  |
| * speech (quality, pace, articulation, word

choice) |  |  |  |
| * mood and affect
 |  |  |  |
|  |  |  |  |
| **Cognitive functions** |  |  |  |
| * orientation
 |  |  |  |
| o person |  |  |  |
| o place |  |  |  |
| o time |  |  |  |
| * attention span
 |  |  |  |
| * recent memory
 |  |  |  |
| * remote memory
 |  |  |  |
| * aphasia assessment
 |  |  |  |
| o word comprehension |  |  |  |
| o reading |  |  |  |
| o writing |  |  |  |
|  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
|  **Thought processes** |  |  |  |
| * judgment
 |  |  |  |
| * intellectual functioning
 |  |  |  |
| o thought content |  |  |  |
| o suicidal thoughts |  |  |  |
|  |  |  |  |
| **Supplemental Mini-Mental Status Examination (Neurologic Assessment)** |  |  |  |
| **Supplemental Mental Status Examination****(MoCA)** |  |  |  |
| **Teaching** |  |  |  |
| **Document findings** |  |  |  |
| **Explain all findings to client** |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
| **Order of assessment:** |  |  |  |
| * temporomandibular joint
 |  |  |  |
| * cervical spine- neck
 |  |  |  |
| * shoulders
 |  |  |  |
| * elbows and forearms
 |  |  |  |
| * wrists and fingers
 |  |  |  |
| * spine- waist
 |  |  |  |
| * hips
 |  |  |  |
| * knees
 |  |  |  |
| * ankles, feet and toes
 |  |  |  |
|  |  |  |  |
|  |  |  |  |
| **Teaching** |  |  |  |
| **Document findings** |  |  |  |
| **Explain all findings to client** |  |  |  |