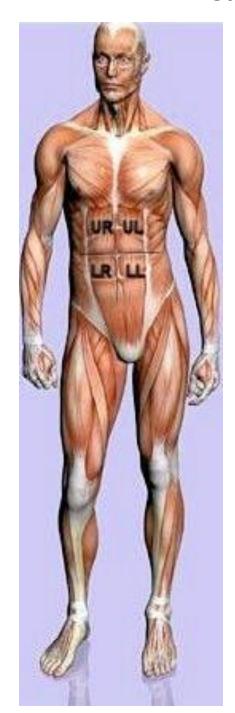
# **Head to Toe Assessment**



Check everything for bruising, swelling, pain, symmetry, blood – DCAP-BTLS

**Level of Consciousness AVPU** 

**Determine Mechanism Of Injury** 

#### Head

Pupils equal & reactive Jaw opens & closes

### Neck

Trachea midline

## **Shoulders / Clavicle**

#### Chest

Sternum, ribs and muscles

### Abdomen

4 Quadrants from navel Tightness

#### Arms

Motion

#### Hands

Motion, strength, warmth CMTS

### **Pelvis**

Push down, push in on hips

## Legs

Motion

## Feet / Ankles

Motion, warmth CMTS

## Back

Spine

# Specify Victim's Left or Right Side

### **Assessment Mnemonics**

#### **HISTORY**

Signs and Symptoms
Allergies
Medications
Past Medical History
Last Oral Intake

Events leading to incident

**CONSCIOUSNESS** 

Alert Verbal Painful

Unresponsive

**CHECK** 

Color/Circulation
Motion

Temperature Sensation

Sensation

PAIN

Onset Provoke Quality

Region / Radiate

Severity

**T**ime