

Head, Neck and Skin (Nursing Assessment) Cheat Sheet

Hey there, friend!

There's one mistake that nursing students make when trying to assess a patient: not following a pattern each time.

The EASIEST way to assess a patient (and make sure you don't forget anything!) is to always follow the same pattern, and work from head to toe (that's why it's called the head-to-toe assessment!)

In this cheat sheet, I'll walk you through the first part of your head-to-toe assessment so you can start off strong!

Here's what's included:

1. Head assessment
2. Neck assessment
3. Skin assessment
4. Nail assessment

[And if you need more help with nursing fundamentals, be sure to check out this playlist on YouTube.](#)

All my best,
Christina

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Head Assessment

Face:

1. Is their face symmetrical?
2. Are there any obvious wounds, scars, or abnormalities?

Hair:

3. How much hair do they have?
4. Is their hair thin or thick?
5. Is their hair evenly distributed?

Eyes:

6. Is their conjunctiva pink, moist and intact?
7. Is their sclera white and intact?
8. Do they wear glasses or contacts?
9. Do they have any problems with their vision?
10. Have they had any eye surgeries or treatments?
11. Are their pupils equal, round, reactive to light, and accommodation (PERRLA)?

Ears:

12. Is their skin intact?
13. Is there any earwax or other discharge in the ear canal?
14. Can they hear you when you talk?
15. Do they wear hearing aids or use other hearing devices?

Nose:

16. Do they have any congestion?
17. Are they sneezing?
18. Is there any discharge from their nose?
19. Are there any lesions in or around the nose?

Mouth:

20. What color is their oral mucosa?
21. Is their mouth moist or dry?
22. Are their lesions, bumps, or patches?
23. Do they have all of their teeth?
24. Are their teeth intact, rotted or chipped?

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25. Do they wear dentures (partial or full)?

Neck Assessment:

26. Is their neck symmetrical or deviated?

27. Are there any lumps or bumps?

28. Are there any tender or painful areas?

29. Can they look left, right, up and down for full range of motion?

Skin Assessment:

30. Is their skin moist or dry?

31. Is their skin cool or warm?

32. Is their skin color appropriate for their ethnicity, dusky, pink, blue, or gray tinged?

33. Is their skin intact? (Remember: if they have an IV site, their skin is not intact.)

34. Gently pinch their skin at their clavicle or the back of their hand. Does the skin stay tented?

Nails Assessment:

35. Are their nails white, yellow, brown or blue?

36. Are their nails rounded and clean?

37. Carefully press on their fingernails. How long does it take for the blood to return under their nail beds? (less than 3 seconds or greater than 3 seconds)