

HEAD-TO-TOE PATIENT EVALUATION

VITAL SIGNS: PULSE _____/MIN B.P. (optional) _____/_____

HEAD/NECK (DO NOT MOVE HEAD)

Level of Consciousness

Awake Y N
 Follows Y N
 Responsive Y N

Color

Normal _____
 Pale _____
 Other _____

Eyes

Pupils Equal Y N
 Blurred Vision Y N

Misc: Bleeding _____ Bumps _____ Bruises _____
 Describe _____

Pain (circle one) 0 1 2 3 4 5
 None Severe

Location _____

Skin Temp

Cool _____ Moist _____
 Normal _____ Dry _____

Ears

Drainage Y N
 Describe _____

SHOULDER TO GROIN

Shoulder/Ribs

Pain Y N
 Bumps Y N
 Bleeding Y N
 Describe _____

Abdomen/Pelvis (one hand - push lightly - 4 areas)

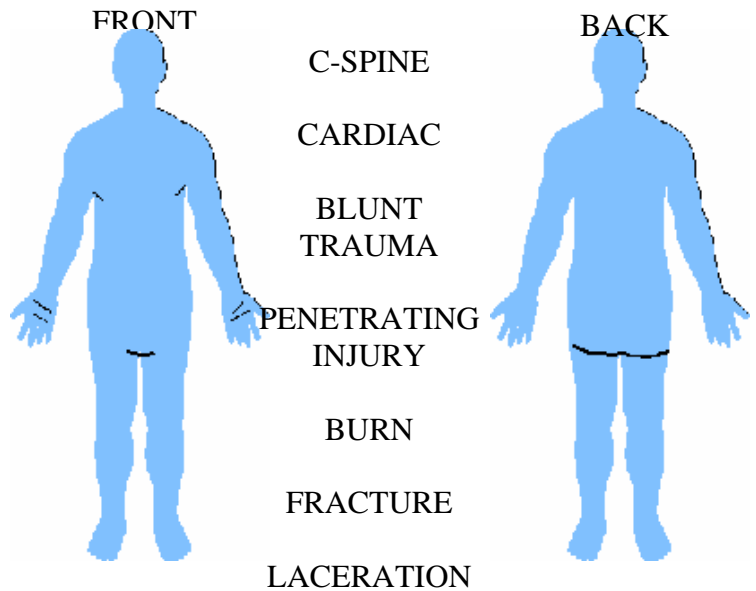
Pain Y N Nausea Y N
 Soft Y N Vomiting Y N
 Hard Y N Diarrhea Y N
 Bleeding Y N
 Describe _____

ARMS (hold at shoulder)

	<u>Right</u>		<u>Left</u>	
Bumps/swelling	Y	N	Y	N
Movement	Y	N	Y	N
Pain	Y	N	Y	N
Grip	Y	N	Y	N
If no, explain	_____			
Bleeding	Y	N	Y	N
Describe	_____			

LEGS (hold at hip)

	<u>Right</u>		<u>Left</u>	
Bumps/swelling	Y	N	Y	N
Movement	Y	N	Y	N
Pain	Y	N	Y	N
Grip	Y	N	Y	N
If no, explain	_____			
Bleeding	Y	N	Y	N
Describe	_____			



SITE _____ DATE _____ TIME _____

VICTIMS NAME _____ CATEGORY I D

TRIAGE TAG # _____ EVALUATOR _____