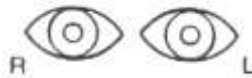# HEAD TO TOE ASSESSMENT

PATIENT NUMBER # _____   DATE/TIME ARRIVED _____

NAME/DESCRIPTION _____

GENDER: M   F   Other

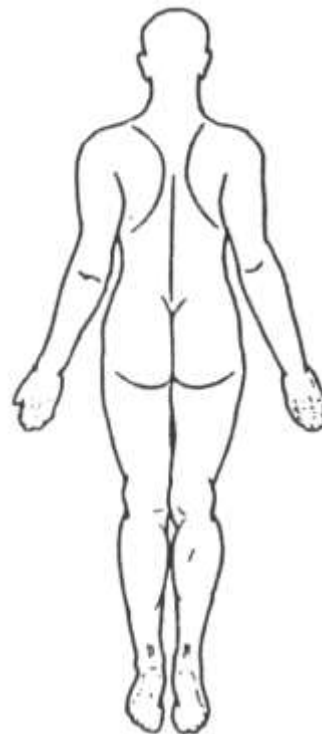DATE OF BIRTH _____ or approximate age _____

Patient's Right   Patient's Left   Patient's Left   Patient's Right
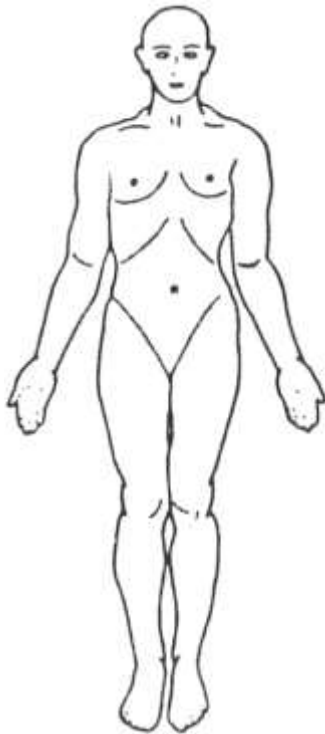
Mark site of symptom with symbol	Respiration/ Perfusion (R/P)	Level of consciousness (M)	Check Pupils
X = Pain	R: less than 30 per minute	A = Alert	E = Equal size
B = Bleeding	P: 2 seconds or less	T = Responds to talking	R = Reacts to light
F = Deformity		P = Responds to pain	
● = Bruising		U = Unresponsive	
H = Burn			
	N =Nausea; V=Vomiting		

PH MEDPATIENT

PATIENT LOG CONTINUATION - CERT AREA _____ PAGE # _____

PATIENT #   **TODAY'S DATE**

NAME/DESCRIPTION	ADDRESS

Check RPM every 20 minutes.

TIME	OBSERVATION **N**=Nausea **V**=Vomiting **R**: less than 30 per min. **P**: 2 sec. or less **M**: **A**=Alert **T**=Responds to talking **P**=Responds to Pain **U**= Unresponsive	ACTION TAKEN **DP** = Direct Pressure **EL** = Elevation **S** = Splint **SP** = Shock Position	BY (Your Name)

DISCHARGED TO _____   BY _____

DATE _____   TIME _____   TRANSPORTED BY _____

PH MEDPATIENT