

Assessment

Head to Toe Exam

Name _____

Name _____

Work with another cadet and go through the following Head to Toe Exam on each other. One person will do the exam and the other person will be the victim. Then switch roles.

- | cadet 1 | cadet 2 | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Head -- look at head and face and note any cuts, bruising, or bleeding
Be sure to look behind the ears. |
| <input type="checkbox"/> | <input type="checkbox"/> | Head -- look in the victim's nose and ears for any blood or fluid. |
| <input type="checkbox"/> | <input type="checkbox"/> | Head -- look at victim's face for any deformities |
| <input type="checkbox"/> | <input type="checkbox"/> | Head -- feel the victim's head for any swelling or pain |
| <input type="checkbox"/> | <input type="checkbox"/> | Eyes -- note the victim's level of consciousness |
| <input type="checkbox"/> | <input type="checkbox"/> | Eyes -- cover victim's eyes with your hand for 15 seconds, then remove
the hand, exposing the eyes to the environment light |
| <input type="checkbox"/> | <input type="checkbox"/> | Eyes -- check to see if eyes contract symmetrically |
| <input type="checkbox"/> | <input type="checkbox"/> | Eyes -- check to see if pupils are equal in size |
| <input type="checkbox"/> | <input type="checkbox"/> | Neck, Torso and Pelvis -- look at neck for bruising or deformity |
| <input type="checkbox"/> | <input type="checkbox"/> | Neck, Torso and Pelvis -- look at shoulders, collarbone, chest and stomach
for any tenderness or bruising |
| <input type="checkbox"/> | <input type="checkbox"/> | Neck, Torso and Pelvis -- feel along the back and spine for tenderness, pain
or bleeding |
| <input type="checkbox"/> | <input type="checkbox"/> | Neck, Torso and Pelvis -- press on both of protruding bones in the pelvis
and see if there is any pain |
| <input type="checkbox"/> | <input type="checkbox"/> | Arms, Legs and Feet -- look and feel along victim's arms and legs |
| <input type="checkbox"/> | <input type="checkbox"/> | Arms, Legs and Feet -- check pulse in both wrists and top of each foot to
see if pulse is the same |
| <input type="checkbox"/> | <input type="checkbox"/> | Arms, Legs and Feet -- scratch both hands and feet to see if victim can feel
anything |
| <input type="checkbox"/> | <input type="checkbox"/> | Arms, Legs and Feet -- ask victim to move arms, legs, fingers and toes |