Key Steps — Paediatric head-to-toe assessment (infant)

A teaching film on examining infants, contrasted with adult examination. Flexibility is its central lesson: keep the sequence systematic, but adapt the order to the baby's cooperation.

- [ ] 1. Set up for safety first: in practice the examination table sits flush against the wall so the infant cannot fall, and the parent stays present throughout.
- [ ] 2. Time the examination when the infant is most responsive — typically one to two hours after a feed, neither drowsy with fullness nor agitated with hunger.
- [ ] 3. Begin by observing before touching: general appearance, colour, posture, spontaneous movement, and how the parent and baby interact — and use the moment to teach the parents what you are seeing.
- [ ] 4. Stay flexible: take opportunities as they come. If the baby is quiet, listen to the heart, lungs and abdomen first, before anything that will cause crying.
- [ ] 5. Measure and record growth and vital signs: temperature, heart rate, respiratory rate, weight, length and head circumference.
- [ ] 6. Work systematically through the systems — head and neck, chest, abdomen, hips and limbs, skin — comparing with what is normal at this developmental stage.
- [ ] 7. Check tone, reflexes and responses as part of the neurological picture.
- [ ] 8. Leave the most upsetting parts — typically ears and throat — until last.
- [ ] 9. Finish by settling the baby with the parent, summarising findings for them, and documenting the complete assessment.

Watch the demonstration: medicalvideos.com/watch/pediatric-head-to-toe-assessment_TFtNOzjAwj5PW435XnRI.html

- More Monitoring & Assessment skills: medicalvideos.com/nursing/monitoring-assessment.html

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Steps summarise this demonstration for education and do not replace your institution's protocol, which always governs. Content reviewed by Dr. Mohamed Ibrahim, MD, PhD — physician-scientist. October 2026.