DATE OF SERVICE
CM / RN NAME
REFERRING RN NAME

Nursing Services Basic Skin Assessment

CLIENT NAME	DATE OF BIRTH	CLIENT ID	CLIENT PROVIDER ONE ID

REQUEST RELATED TO **(REQUESTOR COMPLETES)**: CHECK ALL THAT APPLY

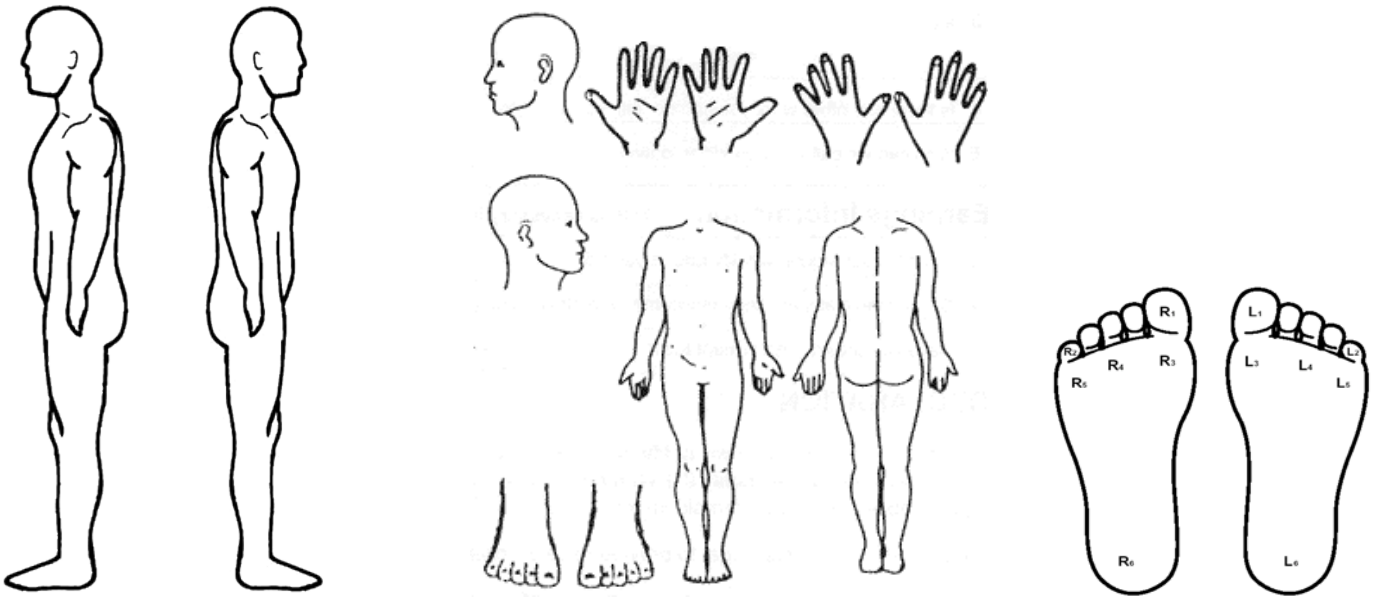
☐ Skin Observation

☐ Other referral type (describe):

Documentation to be sent back to: By: ☐ Fax ☐ Email ☐ Hard Copy

Injuries Assessment Section

Beginning with any pressure injuries, number all integumentary issues consecutively, starting with #1, #2, #3, etc. (Skin, Hair and Nails)



Skin Issues

Specify all types below as numbered / designated above: The number, skin issue type and comments.

Examples of possible types of skin issues from CARE include pressure injuries, abrasions, acne / persistent redness, boils, bruises, burns, canker sore, diabetic ulcer, dry skin, hives, open lesions, rashes, skin desensitized to pain / pressure, skin folds / perineal rash, skin growths / moles, stasis ulcers, sun sensitivity, and surgical wounds. Please note there are many other skin issues not mentioned here such as irregular skin area such as boggy or mushy skin area, discoloration area(s).

NUMBER	SKIN ISSUE TYPE AND LOCATION	COMMENTS

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Basic Skin Assessment – Additional Detail (Check – Off and Notes)

CONSIDER HISTORY OF SKIN CONDITION

- How long has the condition been present?
- How often does it occur or recur?
- Are there any seasonal variations?
- Is there a family history of skin disease?
- Any habits, behaviors or hobbies or other affecting the skin?
- What medication is client taking?
- Any known allergies?
- Include previous and present treatments and their effectiveness.

Color: ☐ Pale ☐ WNL ☐ Cyanotic ☐ Jaundice ☐ Other (describe):

Notes:

Temperature: ☐ Afebrile ☐ Warmer than normal (febrile) ☐ Other (describe):

Notes:

Turgor: ☐ Normal ☐ Slow (tenting)

Notes:

Any foul odor: ☐ Yes ☐ No

Notes:

Moisture: ☐ WNL ☐ Dry ☐ Diaphoretic ☐ Other (describe):

Notes:

Skin integrity: ☐ WNL / intact ☐ See problem list

Notes:

Moles: ☐ Present

a. Asymmetry ☐ Yes ☐ No
b. Border ☐ Regular ☐ Irregular
c. Color _____
d. Diameter _____

Notes: Referral and follow-up for suspect / abnormal or irregular mole:

Hair: ☐ Even distributed ☐ Hair loss ☐ Other (describe):

Notes:

Nails: ☐ WNL ☐ Thickened ☐ Clubbing ☐ Discolored ☐ Other (describe):

Cap Refill: ☐ < 3 sec ☐ > 3 sec

Notes:

Non-injury recommendations to CM / CRM (for follow-up with HCP, treatment, care planning, or other directions):

RN SIGNATURE	DATE	PRINTED RN NAME

☐ **Additional forms / documentation attached**