

# Nursing Skin Assessment Checklist

<b>Patient assessment</b>	
Name	Age
Gender	Medical number
Date and time of assessment	Assessor
Allergies/sensitivities	
<b>Subjective assessment</b>	
Complaints related to skin	
History of skin conditions	
Medications affecting the skin	
<b>Objective assessment</b>	
Color	Integrity
Moisture	Palpitation
Temperature	Texture

Turgor	Lesions/wounds/rashes
Odor/discharge	Signs of inflammation
<b>Specific areas assessed</b>	
<b>Documentation</b>	
Description of observed lesions/wounds/rashes	
Treatments applied	
<b>Risk factor assessment</b>	
Immobility/mobility status	Nutritional status/hydration
Incontinence/continence issues	Presence of medical devices
History of chronic illnesses	
<b>Additional notes</b>	

*Please attach photographic documentation if allowed.*

Name of assessor – signature	Date