

Nursing Skin Assessment

Patient information

Patient name:

Date of birth:

Gender:

Date of assessment:

Room number:

Assessor:

Are you currently noticing any skin issues, such as itching, rashes, or the presence of an unusual mole, lump, bump, or nodule?

Have you ever been diagnosed with a condition such as acne, eczema, skin cancer, pressure injuries, jaundice, edema, or lymphedema?

Are you currently using any prescription or over-the-counter medications, creams, vitamins, or supplements to treat a skin, hair, or nail condition? Please describe.

Color

Normal

Cyanotic

Pale

Erythematous

Jaundiced

Other:

Remarks:

Temperature

Temperature reading:

Warm

Cool

Hot

Clammy

Remarks:

Moisture

Moisture Dry Moist Diaphoretic Other:

Remarks:

Texture

Smooth Rough Other:

Remarks:

Skin turgor

Skin turgor response:

Immediate return Slower return Remains tented

Remarks:

Edema (Swelling)

None Present- If present, location:

Remarks:

Bruising

None Present- If present, location:

Remarks:

Skin integrity	
Skin tears:	Rashes:
<p>None Present</p> <p>If present, location:</p>	<p>None Present</p> <p>If present, location:</p>
Blisters:	Pressure ulcers:
<p>None Present</p> <p>If present, location:</p>	<p>None Present</p> <p>If present, location:</p>
Skin folds:	Abrasion:
<p>None Present</p> <p>If present, location:</p>	<p>None Present</p> <p>If present, location:</p>
Remarks:	
Additional notes	