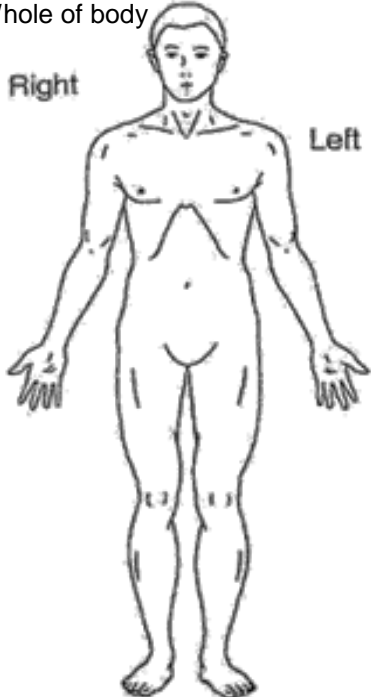
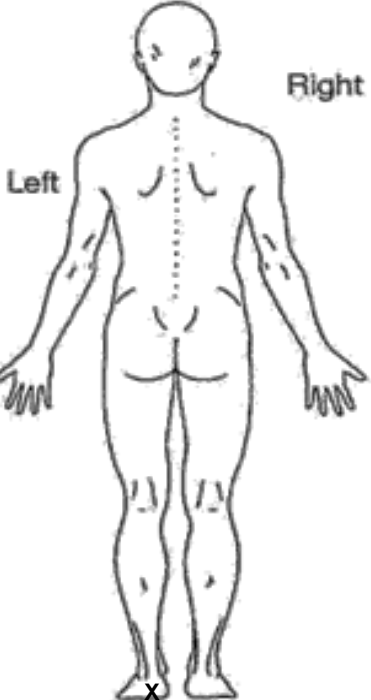


Health Service:	Medical Rec No:
Comprehensive Skin Assessment	Surname:
	Forename: Anita
	Gender: F D.O.B:

Complete initial skin assessment within 8 hours of presentation. Document any **impaired** skin characteristics using the tool below, carry out actions if required and sign as per the reverse side of this document. Reassess the skin daily and whenever there is a change in the patient's condition, and upon transfer/discharge.

A skin assessment should include an actual observation of the entire body surface, including all wounds*, inspection of hair, nails, skin folds and web spaces on hands and feet, systematically from head to toe.

**If patient has compression bandaging, or topical negative pressure therapy – leave intact, assess the skin at next dressing change.*

Skin Characteristics	Description Please ✓ impaired skin characteristics	CODE	Identify the location using the code provided:
<p><i>Temperature</i></p> <p><i>Moisture</i></p> <p><i>Turgor</i> ^ - gently lift skin on the back of patient's hand between your thumb and index finger</p> <p><i>Integrity</i></p>	<p><input type="checkbox"/> Cooler than normal</p> <p><input checked="" type="checkbox"/> Warmer than normal/hot</p> <p><input type="checkbox"/> Hot/ very inflamed</p> <p><input type="checkbox"/> Dry</p> <p><input checked="" type="checkbox"/> Moist to touch</p> <p><input type="checkbox"/> Normal (< 3 seconds)</p> <p><input type="checkbox"/> Impaired (if >3 seconds)</p> <p><input type="checkbox"/> Oedema</p> <p><input type="checkbox"/> Induration</p> <p><input type="checkbox"/> Fragile</p> <p><input checked="" type="checkbox"/> Pressure injury</p> <p><input type="checkbox"/> Flake / scale</p> <p><input type="checkbox"/> Rash</p> <p><input type="checkbox"/> Wound</p> <p><input type="checkbox"/> Scarring</p> <p><input type="checkbox"/> Callus</p> <p><input type="checkbox"/> Cellulitis</p> <p><input checked="" type="checkbox"/> Known skin disorder - Specify type: Grade 3 PU</p>	<p>C</p> <p>W</p> <p>H</p> <p>D</p> <p>M</p> <p>I</p> <p>O</p> <p>In</p> <p>Fr</p> <p>PI</p> <p>FI</p> <p>R</p> <p>Wd</p> <p>S</p> <p>Ca</p> <p>Ce</p>	<p><input type="checkbox"/> Whole of body</p> 
<p><i>Colour</i> Taking into account the person's natural skin colour e.g. caucasian or darker skin tone</p> <p><i>Altered sensation</i> (^as applicable)</p> <p><i>Medical devices insitu</i> (circle or describe) Mark location on diagram.</p>	<p>Note areas of; pallor, cyanosis, bruising, jaundice, blanching, persistent redness, mottled skin, bluish or purple tones. Describe appearance & location:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p><input type="checkbox"/> Numbness / change</p> <p><input type="checkbox"/> Burning</p> <p><input type="checkbox"/> Itching</p> <p><input type="checkbox"/> Pain</p> <p><input type="checkbox"/> e.g. Masks, ETT, NGT, tracheostomy, cervical collars, cannulae, IV, PEG tube, splints/anti- embolic devices / cast, SPC, IDC, drainage tubes, transfer equipment, other.</p> <p>_____</p> <p>_____</p>	<p>N</p> <p>B</p> <p>fr</p> <p>P</p>	

^For infants and neonates please consider gestational age.

