

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:
<div>NonePresent</div> <div>If present, location:</div>	<div>NonePresent</div> <div>If present, location:</div>
Blisters:	Pressure ulcers:
<div>NonePresent</div> <div>If present, location:</div>	<div>NonePresent</div> <div>If present, location:</div>
Skin folds:	Abrasion:
<div>NonePresent</div> <div>If present, location:</div>	<div>NonePresent</div> <div>If present, location:</div>
Remarks:	
Additional notes	