

# Skin Turgor Test

## Patient Information

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Gender: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Patient ID: \_\_\_\_\_

Date of Test: \_\_\_\_\_ Time of Test: \_\_\_\_\_

## Clinical Information

Primary Diagnosis

Relevant Medical History

Current Medication

Allergies

## Skin Turgor Test Details

### 1. Test Site

- Back of Hand
- Lower Arm
- Abdomen
- Other (specify):

### 2. Preparation

- Site Cleaned
- Site Dried
- Gloves Used (If Necessary)

## Test Performance

Description of how the test was performed

## Test Findings

- Normal Recoil (Rapid Return to Original Position)
- Delayed Recoil (Slow Return, Potential Tenting)

Observations:

## Overall Assessment

Interpretation of Skin Turgor Test Results

Additional Observations (e.g., signs of dehydration, other relevant clinical signs)

## Plan/Recommendations

Immediate Actions Taken

Further Testing/Referrals

Patient Education Provided

Follow-up Required

Yes

No

Date of Next Evaluation

## Practitioner's Information

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_