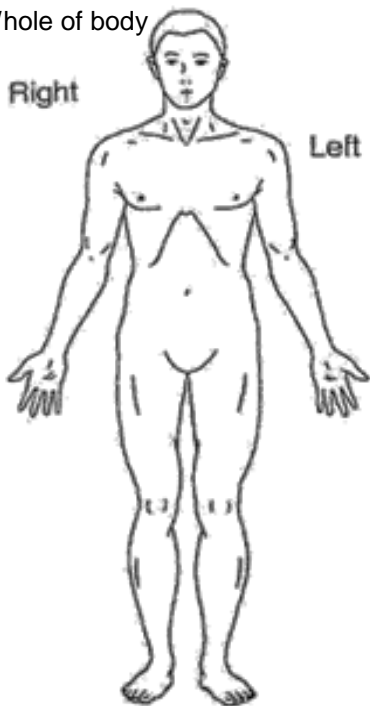
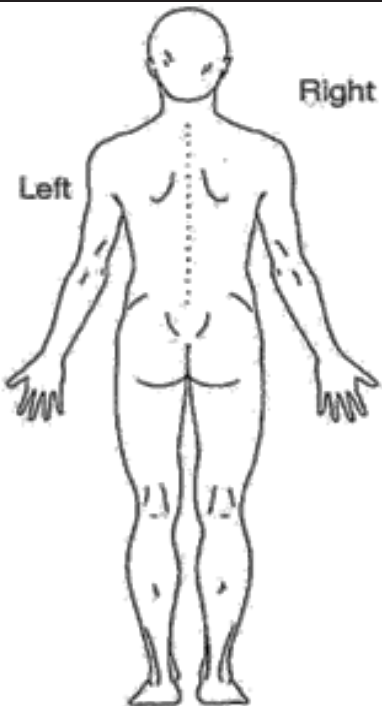


Health Service:	Medical Rec No:
Comprehensive Skin Assessment	Surname:
	Forename:
	Gender: D.O.B:

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:
Temperature <input type="checkbox"/> Cooler than normal <input type="checkbox"/> Warmer than normal/hot <input type="checkbox"/> Hot/ very inflamed		C W H D M I O In Fr PI FI R Wd S Ca Ce	<input type="checkbox"/> Whole of body 
Moisture <input type="checkbox"/> Dry <input type="checkbox"/> Moist to touch			
Turgor ^ - gently lift skin on the back of patient's hand between your thumb and index finger <input type="checkbox"/> Normal (< 3 seconds) <input type="checkbox"/> Impaired (if >3 seconds) <input type="checkbox"/> Oedema <input type="checkbox"/> Induration			
Integrity <input type="checkbox"/> Fragile <input type="checkbox"/> Pressure injury <input type="checkbox"/> Flake / scale <input type="checkbox"/> Rash <input type="checkbox"/> Wound <input type="checkbox"/> Scarring <input type="checkbox"/> Callus <input type="checkbox"/> Cellulitis <input type="checkbox"/> Known skin disorder - Specify type: _____			
Colour Taking into account the person's natural skin colour e.g. caucasian or darker skin tone	Note areas of; pallor, cyanosis, bruising, jaundice, blanching, persistent redness, mottled skin, bluish or purple tones. Describe appearance & location: _____ _____ _____ _____		
Altered sensation (^as applicable) <input type="checkbox"/> Numbness / change <input type="checkbox"/> Burning <input type="checkbox"/> Itching <input type="checkbox"/> Pain		N B It P	
Medical devices insitu (circle or describe) Mark location on diagram.	<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. _____ _____		

^For infants and neonates please consider gestational age.

[illegible]