

Shift Assessment → Cardiovascular Assessment

Remember Name entered here

| SKIN / GENERALIZED ASSESSMENT | |
|-------------------------------|---|
| Temperature | <input type="radio"/> Warm <input type="radio"/> Hot <input type="radio"/> Cool <input type="radio"/> Cold |
| Color | <input type="radio"/> Normal <input type="radio"/> Flushed <input type="radio"/> Pale <input type="radio"/> Ashen <input type="radio"/> Jaundiced <input type="radio"/> Ruddy <input type="radio"/> Cyanotic <input type="radio"/> Mottled <input type="radio"/> Sallow <input type="radio"/> Dusky <input type="radio"/> Other <input type="text"/> |
| Moisture | <input type="radio"/> Dry <input type="radio"/> Diaphoretic <input type="radio"/> Clammy |
| Turgor | <input type="radio"/> Good <input type="radio"/> Fair <input type="radio"/> Poor |
| ADDITIONAL INFORMATION | |
| CV Comment | <input type="text"/> |

Shift Assessment → Skin Integrity Assessment

Document Skin Integrity Assessment

Tue, May 11, 2021 1449 by Carolyn Young

| SKIN INTEGRITY ASSESSMENT | |
|---|---|
| Skin is intact. NO Ulcers, Wounds, or other Skin Alterations | <input type="radio"/> Yes <input type="radio"/> No |
| | If YES, skin is intact, no further skin documentation required. If NO, Must Document Details On: |
| | ***If Pressure Ulcer present - ADD Pressure Ulcer Assessment & document ***If Wound present - ADD Wound Assessment & document |
| | *If Rash, Abrasion/Bruising, etc present - Document BELOW on Skin Integrity Assessment. |
| SKIN - Occurrence #1 | |
| → Body Location | <input type="checkbox"/> Left <input type="checkbox"/> Upper <input type="checkbox"/> Anterior <input type="checkbox"/> Medial <input type="checkbox"/> Proximal <input type="checkbox"/> Dorsal <input type="checkbox"/> Right <input type="checkbox"/> Middle <input type="checkbox"/> Posterior <input type="checkbox"/> Lateral <input type="checkbox"/> Distal <input type="checkbox"/> Volar <input type="checkbox"/> Bilateral <input type="checkbox"/> Lower |
| → Body Site | <input type="radio"/> Abdomen <input type="radio"/> Earlobe <input type="radio"/> Frontal <input type="radio"/> Leg <input type="radio"/> Shoulder <input type="radio"/> Ankle <input type="radio"/> Elbow <input type="radio"/> Genitalia <input type="radio"/> Lip <input type="radio"/> Spine <input type="radio"/> Arm <input type="radio"/> Epigastric <input type="radio"/> Groin <input type="radio"/> Nailbed <input type="radio"/> Suprapubic <input type="radio"/> Axilla <input type="radio"/> Eye <input type="radio"/> Hand <input type="radio"/> Neck <input type="radio"/> Temporal <input type="radio"/> Back <input type="radio"/> Face <input type="radio"/> Head <input type="radio"/> Nose <input type="radio"/> Thigh <input type="radio"/> Breast <input type="radio"/> Finger - 1st <input type="radio"/> Heel <input type="radio"/> Occipital <input type="radio"/> Toe - 1st <input type="radio"/> Buttock <input type="radio"/> Finger - 2nd <input type="radio"/> Hip <input type="radio"/> Parietal <input type="radio"/> Toe - 2nd <input type="radio"/> Calf <input type="radio"/> Finger - 3rd <input type="radio"/> Iliac Crest <input type="radio"/> Pelvis <input type="radio"/> Toe - 4th <input type="radio"/> Cheek <input type="radio"/> Finger - 4th <input type="radio"/> Intercostal <input type="radio"/> Penis <input type="radio"/> Toe - 4th <input type="radio"/> Chest <input type="radio"/> Finger - 5th <input type="radio"/> Ischial Tuberosity <input type="radio"/> Perineum <input type="radio"/> Toe - 5th <input type="radio"/> Chin <input type="radio"/> Flank <input type="radio"/> Ischium <input type="radio"/> Sacrum <input type="radio"/> Trochanter <input type="radio"/> Clavicle <input type="radio"/> Foot <input type="radio"/> Jaw <input type="radio"/> Scapula <input type="radio"/> Umbilicus <input type="radio"/> Coccyx <input type="radio"/> Forearm <input type="radio"/> Knee <input type="radio"/> Scrotum <input type="radio"/> Vagina <input type="radio"/> Ear <input type="radio"/> Forehead <input type="radio"/> Shin <input type="radio"/> Wrist <input type="radio"/> Other <input type="text"/> |
| Skin Appearance | <input type="checkbox"/> Bleeding <input type="checkbox"/> Excoriated <input type="checkbox"/> Jaundiced <input type="checkbox"/> Pink <input type="checkbox"/> Blister <input type="checkbox"/> Flaking <input type="checkbox"/> Maceration <input type="checkbox"/> Purpura <input type="checkbox"/> Bruising <input type="checkbox"/> Healed Pressure Ulcer <input type="checkbox"/> Moist <input type="checkbox"/> Radiation Burn <input type="checkbox"/> Burning <input type="checkbox"/> Hematoma <input type="checkbox"/> Moisture Assoc Dermatitis <input type="checkbox"/> Rash <input type="checkbox"/> Cyanosis <input type="checkbox"/> Hemosiderin Staining <input type="checkbox"/> Mottled <input type="checkbox"/> Redness <input type="checkbox"/> Denuded <input type="checkbox"/> Hives <input type="checkbox"/> Pain <input type="checkbox"/> Scab <input type="checkbox"/> Dry and Scaly <input type="checkbox"/> Incision <input type="checkbox"/> Pale <input type="checkbox"/> Scar <input type="checkbox"/> Dryness <input type="checkbox"/> Inflammation <input type="checkbox"/> Petechia <input type="checkbox"/> Weeping <input type="checkbox"/> Edema <input type="checkbox"/> Itching |
| Skin Temperature | <input type="radio"/> Warm <input type="radio"/> Hot <input type="radio"/> Cool <input type="radio"/> Cold |
| Skin Integrity Comment | <input type="text"/> REMEMBER: **Pressure Ulcers are documented on Pressure Ulcer Assessment |

User: Carolynn Young RN

Date: 5/11/21 14:49

Type: Shift Assessment

Skin is intact. NO Ulcers, Wounds, or other Skin Alterations

- No

Skin Assessment Label

- Right Hand
 - Characteristics
 - Scab
 - Skin Temperature
 - Warm
 - Skin Integrity Comment
 - Applied bacitracin/band aid.

Skin Assessment Label

- Left Right Groin
 - Characteristics
 - Moisture Assoc Dermatitis
 - Redness
 - Skin Temperature
 - Warm
 - Skin Integrity Comment
 - Triad applied