

COMPREHENSIVE SKIN ASSESSMENT

Consider the following examples when performing a comprehensive skin assessment:

INSPECTION: Normally smooth, slightly moist and same general tone throughout

- Tone depends on patient's melanocytes—skin pigmentation continuum can vary from light ivory, deep brown, black, yellow to olive, light pink to dark ruddy pink or red
- Pigmentation can exhibit:
 - Pallor: mucosa, conjunctivae
 - Cyanosis: nail beds, conjunctivae, oral mucosa
 - Jaundice: sclera, palate, palms
 - Hyperpigmentation: increased (results from variation in melanin deposits or blood flow; palpate for skin temperature and for edema over these areas to assess circulation)
 - Hypopigmentation: decreased vascular/venous patterns, usually symmetric
 - Scars and bruises for location, color, length, and width

PALPATION:

- Moisture: perspiration
- Edema: extremities, sacrum, eyes
- Tenderness
- Turgor, elasticity
- Texture

OLFACTION:

- Normal body odor
- Absence of pungent odor
- May indicate presence of bacteria or infection
- Poor hygiene

HAIR AND NAILS:

- Hair:
 - Hirsutism: excessive body hair
 - Alopecia: hair loss
- Nails (can reflect the patient's overall health)
 - Color, shape, contour
 - Clubbing, texture, thickness

SKIN ALTERATIONS:

- Previous scars
- Graft sites
- Healed ulcer sites
 - Add into patient records

Used with permission, Baranoski S. Ayello, EA. Skin an essential organ. In Wound Care Essential: Practice Principles

