

SKIN ASSESSMENT

A comprehensive skin assessment is an integral part of a complete physical examination. It can be used to evaluate your patient's overall health, including their nutritional status, and monitor for changes that could indicate an emerging problem.

A COMPREHENSIVE SKIN ASSESSMENT SHOULD INCLUDE THE FOLLOWING

1

SKIN TEMPERATURE

The temperature of the patient's skin can reveal information about their overall health. A low body temperature may indicate a nutritional deficiency or severe illness. A high body temperature may indicate an infection or inflammation.

Most clinicians use the back rather than the palm of their hand to assess the temperature of a patient's skin.

SKIN TEXTURE

The texture of the patient's skin can be used for assessing their nutritional status as well as for identifying any changes that could indicate an underlying problem. Healthy skin has a smooth, even texture with no rough spots or signs of flaking or scaling.

2

3

SKIN COLOR

A healthy patient will have normal color and tone, but if you notice any changes in the patient's skin color, it may indicate an underlying medical condition. For example, jaundice indicates liver disease, while pale skin could signify anemia or leukemia.

Use an additional light source such as a penlight to illuminate hard to see skin areas such as the heels or sacrum.

SKIN MOISTURE

Check for dryness on your patient's skin by gently pressing your fingers against their back or arm to see how easily they leave impressions behind as they move away from your touch; this test can be used to determine whether there are issues with hydration or even dehydration (which can occur if someone has been vomiting or having diarrhea).

4

Look for water droplets on the skin. Is the skin clammy?

5

SKIN TURGOR

This test involves gently pinching up an area of the patient's skin and then releasing it to see how quickly it springs back into place. If the skin stays up for more than 2 seconds, this can indicate dehydration.

CAPILLARY REFILL TIME

This test involves pressing on the patient's fingernail bed and then quickly releasing it to see how long it takes for the color in their nail bed to return. If this process takes longer than 2 seconds, this can indicate dehydration or poor circulation in general.

6

Skin Assessment Documentation

Lynda Juall Carpenito-Moyet



Skin Assessment Documentation:

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Table of Contents Skin Assessment Documentation

1. Understanding the eBook Skin Assessment Documentation
 - The Rise of Digital Reading Skin Assessment Documentation
 - Advantages of eBooks Over Traditional Books
2. Identifying Skin Assessment Documentation
 - Exploring Different Genres
 - Considering Fiction vs. Non-Fiction
 - Determining Your Reading Goals
3. Choosing the Right eBook Platform
 - Popular eBook Platforms
 - Features to Look for in an Skin Assessment Documentation
 - User-Friendly Interface
4. Exploring eBook Recommendations from Skin Assessment Documentation
 - Personalized Recommendations
 - Skin Assessment Documentation User Reviews and Ratings
 - Skin Assessment Documentation and Bestseller Lists
5. Accessing Skin Assessment Documentation Free and Paid eBooks
 - Skin Assessment Documentation Public Domain eBooks
 - Skin Assessment Documentation eBook Subscription Services
 - Skin Assessment Documentation Budget-Friendly Options
6. Navigating Skin Assessment Documentation eBook Formats
 - ePub, PDF, MOBI, and More
 - Skin Assessment Documentation Compatibility with Devices
 - Skin Assessment Documentation Enhanced eBook Features
7. Enhancing Your Reading Experience
 - Adjustable Fonts and Text Sizes of Skin Assessment Documentation
 - Highlighting and Note-Taking Skin Assessment Documentation
 - Interactive Elements Skin Assessment Documentation
8. Staying Engaged with Skin Assessment Documentation

- Joining Online Reading Communities
- Participating in Virtual Book Clubs
- Following Authors and Publishers Skin Assessment Documentation
- 9. Balancing eBooks and Physical Books Skin Assessment Documentation
 - Benefits of a Digital Library
 - Creating a Diverse Reading Collection Skin Assessment Documentation
- 10. Overcoming Reading Challenges
 - Dealing with Digital Eye Strain
 - Minimizing Distractions
 - Managing Screen Time
- 11. Cultivating a Reading Routine Skin Assessment Documentation
 - Setting Reading Goals Skin Assessment Documentation
 - Carving Out Dedicated Reading Time
- 12. Sourcing Reliable Information of Skin Assessment Documentation
 - Fact-Checking eBook Content of Skin Assessment Documentation
 - Distinguishing Credible Sources
- 13. Promoting Lifelong Learning
 - Utilizing eBooks for Skill Development
 - Exploring Educational eBooks
- 14. Embracing eBook Trends
 - Integration of Multimedia Elements
 - Interactive and Gamified eBooks

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