Skin Monitoring: Comprehensive CNA Shower Review



Perform a visual assessment of a resident's skin when giving the resident a shower. Report any abnormal looking skin (as described below) to the charge nurse immediately. Forward any problems to the DON for review. Use this form to show the exact location and description of the abnormality. Using the body chart below, describe and graph all abnormalities by number.

Resident:		Date:	
Visual Assessment			
	Bruising		L K
	Skin tears		
	Rashes		$\left \left\langle \right\rangle \right \left\langle \right\rangle \left \left\langle \right\rangle \right \right\rangle$
	Swelling	$\lambda / \lambda / 1 \setminus \delta / \lambda$	
	Dryness		$\gamma + \gamma +$
	Soft heels		
	Lesions		The loss
	Decubitus		
	Blisters) 13)(13)
	Scratches		$(\langle \rangle \rangle$
	Abnormal color		
	Abnormal skin	\setminus () (
	Abnormal skin temp (h-hot/c-cold)		
	Hardened skin (orange peel texture)		and the
15.	Other:		
CNA Signature:			Date:
Doe	s the resident need his/her toenails cut?		
	Yes 🗌 No		
Charge Nurse Signature:			Date:
Cha	rge Nurse Assessment:		
Inte	rvention:		
For	warded to DON:		
	Yes 🗌 No		
DON Signature:			Date:

Document available at www.primaris.org

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