C.N.A. SKIN INSPECTION REPORT

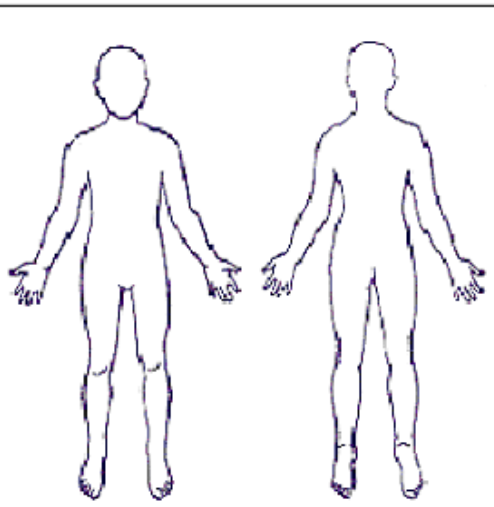
RESIDENT NAME: _____ ROOM #_____

This sheet is to be completed by the C.N.A.
- twice weekly on the resident's shower days
- on days if C.N.A. notices ANYTHING unusual on the resident's skin

Is Skin Clear & Intact? ☐ Yes ☐ No (Describe Below)

Don't forget to check front & back of ears, neck, nape, inner thighs/groin, gluteal folds, abdominal folds, under breasts, under arms, between fingers, & between toes.

Place an "X" or Circle on the Compromised Area on the Body:

Color: ☐ Pale ☐ Jaundice ☐ Dusky / Ashen ☐ Cyanotic ☐ Other: _____	Signs of Inflammation: ☐ Redness ☐ Warm ☐ Swelling ☐ Pain/Tenderness ☐ Other: _____	
Description: ☐ Scratch / Abrasion ☐ Tear / Avulsion ☐ Laceration ☐ Burn ☐ Excoriation ☐ Reddened ☐ Bruise ☐ Soft, Boggy or Mushy ☐ Fluid-Filled / Blister ☐ Open Ulcer ☐ Other _____ _____	Drainage: ☐ Bloody ☐ Serous ☐ Sero-sanguinous ☐ Yellow ☐ Other: _____ Odor? ☐ No ☐ Yes (Describe): _____ _____	

Finger nails & toe nails clipped? ☐ Yes ☐ No (State Reason): _____

DO NOT TRIM NAILS IF THE RESIDENT IS DIABETIC. REPORT TO LICENSED NURSE IF PODIATRY CONSULT NEEDED.

Males: Shaved? ☐ Yes ☐ No (State Reason): _____

Females: Facial Hair Removed? ☐ Yes ☐ No (State Reason): _____

Date: _____ **C.N.A. Signature:** _____

C.N.A.: SUBMIT TO LICENSED NURSE UPON COMPLETION

Follow Up Action By Licensed Nurse: _____

_____

Licensed Nurse Signature: _____ Date: _____

LICENSED NURSE: SUBMIT COMPLETED FORM TO DON FOR REVIEW