

CNA WEEKLY SKIN OBSERVATION FORM

Diabetic: Yes _____ No _____

Resident's Name: _____

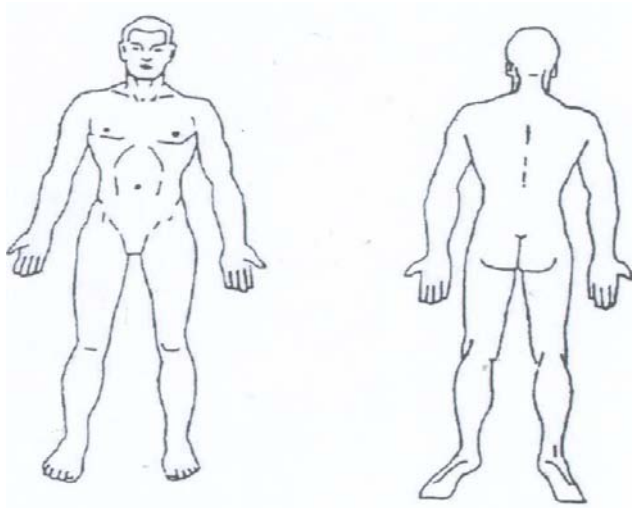
Cut Fingernails: Yes _____ No _____

*Note: Only licensed staff can cut diabetic nails.

IF ANY QUESTIONS ARE ANSWERED "YES," INDICATE LOCATION ON BODY OUTLINE WITH NUMBER OF QUESTION.

To be completed by staff during bathing. If areas are checked yes, charge nurse will verify & complete a Non- decubitus or a Pressure Ulcer Sheet and notify the DON. This form is to be turned into the DON.

1. Any reddened areas that remain after 30 minutes of pressure? Yes _____ No _____
2. Any rashes? Yes _____ No _____
3. Any gaulded/excoriated areas? Yes _____ No _____
4. Any bruises? Yes _____ No _____
5. Any open lesions, cuts, abrasions or skin tears? (Indicate even if being treated) Yes _____ No _____
6. Any blisters? Yes _____ No _____
7. Any open ulcers? (Indicate even if being treated.) Yes _____ No _____
8. Excessively dry or flaky skin? Yes _____ No _____



_____ **CNA. Signature**

_____ **Date**

_____ **Time**

Action Taken: (to be completed by nurse) _____

_____ **Licensed Nurse Signature**

_____ **Date/Time**