

SKIN OBSERVATION TOOL

Diabetic: Yes ___ No ___

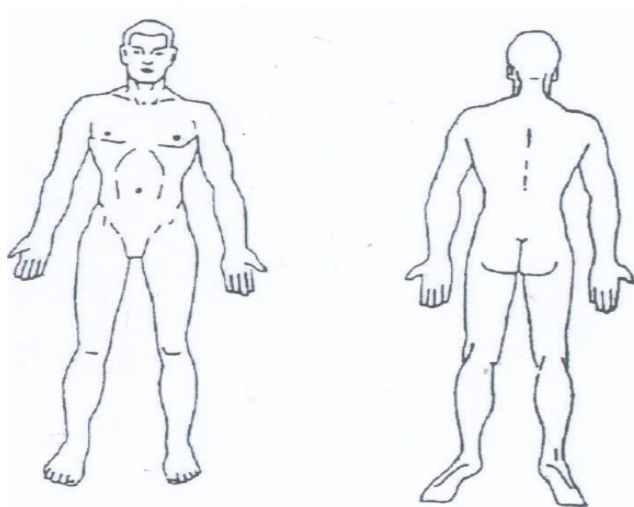
Resident's Name: _____

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**