

JOHNSON COUNTY NURSING CENTER

CNA WEEKLY SKIN ASSESSMENT ON BATH DAY

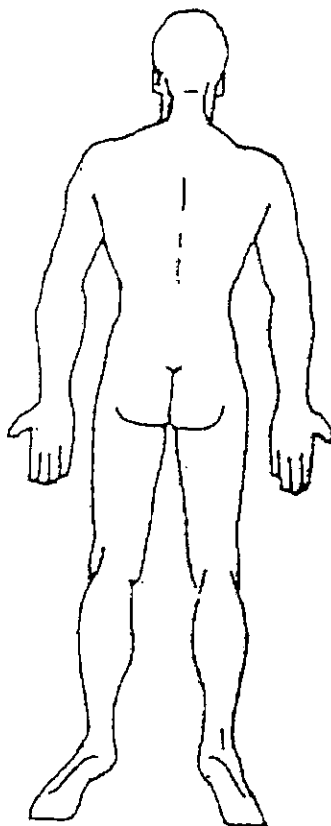
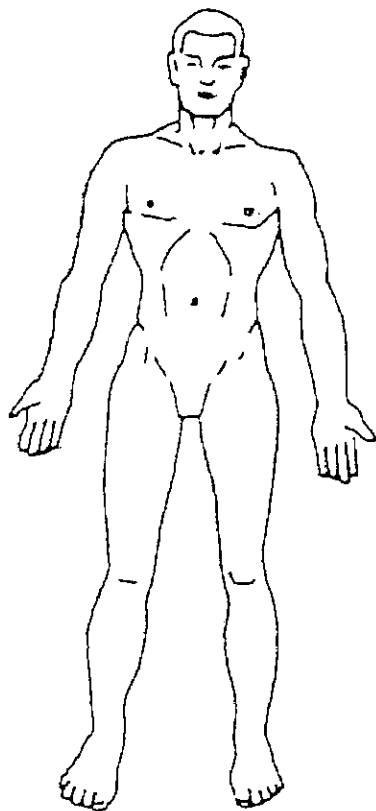
MR# \_\_\_\_\_

Resident's Name \_\_\_\_\_

Diabetic: Yes\_\_\_ No\_\_\_

Cut Fingernails: Yes\_\_\_ No\_\_\_

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



1. Any reddened areas that remain after 30 minutes of pressure reduction?

YES \_\_\_ NO \_\_\_

2. Any rashes?

YES \_\_\_ NO \_\_\_

3. Any galled areas?

YES \_\_\_ NO \_\_\_

4. Any bruises?

YES \_\_\_ NO \_\_\_

5. Any open lesions, cuts, lacerations 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: \_\_\_\_\_

Licensed Nurse Signature \_\_\_\_\_

Date \_\_\_\_\_

Time \_\_\_\_\_

8/2/97 Revised 10/8/99 DD-H To be completed weekly by CNA during bathing. If areas are checked yes, charge nurse will verify & complete a Non-Decubitus or a Pressure Ulcer sheet. Charge nurse will trim Diabetic's fingernails. Action taken is filled in by RN or LPN. Completed form is kept in notebook at nurse's station.