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

1. Bruising
2. Skin tears
3. Rashes
4. Swelling
5. Dryness
6. Soft heels
7. Lesions
8. Decubitus
9. Blisters
10. Scratches
11. Abnormal color
12. Abnormal skin
13. Abnormal skin temp (h-hot/c-cold)
14. Hardened skin (orange peel texture)
15. Other: _______________________________

CNA Signature: ______________________________ Date: ____________________________

Does the resident need his/her toenails cut?

☐ Yes  ☐ No

Charge Nurse Signature: ______________________________ Date: ___________________________

Charge Nurse Assessment: ____________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

Intervention: __________________________________________________________

Forwarded to DON:

☐ Yes  ☐ No

DON Signature: ______________________________ Date: ____________________________