 King Saud University

College of Nursing

Medical-Surgical Nursing

Application of Health Assessment

NURS 225

Performance Checklist

Skin, Hair and Nail Assessment

Students Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Rating:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Performed:\_\_\_\_\_\_\_\_\_\_\_\_

**The student nurse should be able to:**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Performance criteria** | **Competency level** | | | | | | |
| **Technique** | **Trial 1** | |  | **Trial 2** | |  | **Comment** |
|  | Done correctly | Done with assistance | Not Done | Done correctly | Done with assistance | Not Done |  |
| **Preparation**: |  |  |  |  |  |  |  |
| **Conduct** general survey. |  |  |  |  |  |  |  |
| **Review** interview note . |  |  |  |  |  |  |  |
| **Explain** procedure. |  |  |  |  |  |  |  |
| **Position** and **drape** patient correctly . |  |  |  |  |  |  |  |
| Ensure adequate **light.** |  |  |  |  |  |  |  |
| **Explain** procedure to patient. |  |  |  |  |  |  |  |
| **Wash** hands. |  |  |  |  |  |  |  |
| Put the patient in the desired **position.** |  |  |  |  |  |  |  |
| **Expose** body part to be examined and **Drape** patient appropriately . |  |  |  |  |  |  |  |
| **Compare** findings of any side of body to the other . |  |  |  |  |  |  |  |
| Follow the **IPPA** **sequence** . |  |  |  |  |  |  |  |
| **Inspection (Skin)** |  |  |  |  |  |  |  |
| Inspect Skin for: |  |  |  |  |  |  |  |
| 1. Color |  |  |  |  |  |  |  |
| 1. Uniformity |  |  |  |  |  |  |  |
| 1. Thickness |  |  |  |  |  |  |  |
| 1. Symmetry |  |  |  |  |  |  |  |
| 1. Bruises, scars, scratches, wounds, unusual marks, |  |  |  |  |  |  |  |
| 1. Lesions |  |  |  |  |  |  |  |
| f.1. location and distribution on body |  |  |  |  |  |  |  |
| f.2. size |  |  |  |  |  |  |  |
| f.3. color |  |  |  |  |  |  |  |
| f.4 mobility |  |  |  |  |  |  |  |
| f.5 edge |  |  |  |  |  |  |  |
| f.6 depth |  |  |  |  |  |  |  |
| f.7 elevation |  |  |  |  |  |  |  |
| f.8 consistency |  |  |  |  |  |  |  |
| **Palpation (Skin)** |  |  |  |  |  |  |  |
| Palpate skin for: |  |  |  |  |  |  |  |
| 1. Moisture |  |  |  |  |  |  |  |
| 1. Temperature |  |  |  |  |  |  |  |
| 1. Texture |  |  |  |  |  |  |  |
| 1. Turgor |  |  |  |  |  |  |  |
| 1. Mobility |  |  |  |  |  |  |  |
| **Inspection and Palpation (Hair and Scalp)** |  |  |  |  |  |  |  |
| Inspect and Palpate Hair for: |  |  |  |  |  |  |  |
| 1. Color |  |  |  |  |  |  |  |
| 1. Distribution |  |  |  |  |  |  |  |
| 1. Quantity |  |  |  |  |  |  |  |
| 1. Hygiene |  |  |  |  |  |  |  |
| 1. Skin lesions |  |  |  |  |  |  |  |
| 1. Texture |  |  |  |  |  |  |  |
| **Inspection (Nails)** |  |  |  |  |  |  |  |
| A. Inspect Nails for: |  |  |  |  |  |  |  |
| a.1 Color |  |  |  |  |  |  |  |
| a.2 Surface |  |  |  |  |  |  |  |
| a.3 Posterior and lateral |  |  |  |  |  |  |  |
| a.4 Hygiene |  |  |  |  |  |  |  |
| a.5 Posterior and Lateral  nail folds |  |  |  |  |  |  |  |
| B. Measure nail base angle (clubbing) |  |  |  |  |  |  |  |
| C. Test Capillary Refill |  |  |  |  |  |  |  |
| **Palpation (Nails)** |  |  |  |  |  |  |  |
| Palpate Nail for: |  |  |  |  |  |  |  |
| 1. Texture |  |  |  |  |  |  |  |
| 1. Firmness |  |  |  |  |  |  |  |
| 1. Thickness |  |  |  |  |  |  |  |
| 1. Adherence to nail bed |  |  |  |  |  |  |  |

Evaluated by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Evaluated: \_\_\_\_\_\_\_\_\_\_

Name and Signature of Faculty