

SKIN CHECK

Resident Name _____ MR # _____

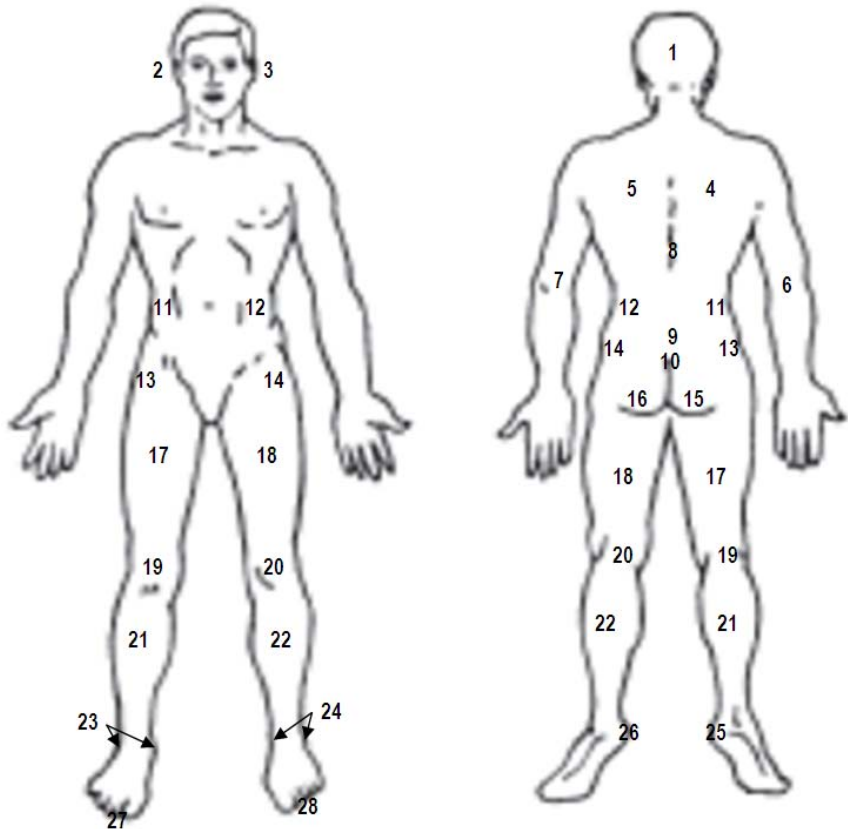
Date of Assessment _____

Assessment Timeframe (circle one) *Admission* *Weekly* *Quarterly* *Change in Condition*

Braden score _____ **Level of Risk** (circle) *High Risk* *Low Risk*

Signature _____

- 1 = Back of head
- 2 = Right ear
- 3 = Left ear
- 4 = Right scapula
- 5 = Left scapula
- 6 = Right elbow
- 7 = Left elbow
- 8 = Vertebrae (upper-mid)
- 9 = Sacrum
- 10 = Coccyx
- 11 = Right iliac crest
- 12 = Left iliac crest
- 13 = Right trochanter (hip)
- 14 = Left trochanter (hip)
- 15 = Right ischial tuberosity
- 16 = Left ischial tuberosity
- 17 = Right thigh
- 18 = Left thigh
- 19 = Right knee
- 20 = Left knee
- 21 = Right lower leg
- 22 = Left lower leg
- 23 = Right ankle (inner/outer)
- 24 = Left ankle (inner/outer)
- 25 = Right heel
- 26 = Left heel
- 27 = Right toe(s) (1,2,3,4,5)
- 28 = Left toe(s) (1,2,3,4,5)
- 29 = Other (specify)



Anatomical # (s)

Pressure Ulcer	_____	_____
Venous Ulcer	_____	Abrasion _____
Diabetic Ulcer	_____	Burn _____
Arterial Ulcer	_____	Rash _____
Surgical wound	_____	Blister _____
Bruise/Hematoma	_____	Trauma/Laceration _____
Maceration	_____	Ostomy/Peg Tube _____