

NURS 221 HEALTH ASSESSMENT (Practical)

Procedure Guide and Performance Checklist

Module Two

Physical examination of the skin, hair and nail



PROCEDURE GUIDE

Preparation:

A. Equipment needed:

- A. Strong direct lighting
- B. Small centimeter ruler
- C. Penlight
- D. Gloves
- E. Magnifying glass
- F. Tongue depressor
- G. Examination gown and drape

B. Patient and Environment

1. Explain the procedure to the patient.
2. Position the client appropriately.
3. Ask the patient to undress and drape himself/herself appropriately.
4. Make sure the room is warm, quiet and adequately lighted.
5. Ensure patient privacy.
6. Wash hands.

C. Obtain Health History

D. Conduct complete physical examination.

1. Know the person's normal skin coloring.
2. Begin by examining hands and fingernails to accustom the client for touching.
3. Pay attention for areas with skin folds.
4. Stand back to get an overall impression and notice patterns of lesions.
5. Assess the skin as one entity.

Inspect And Palpate the Skin

Procedure & Rationales	Normal Findings
<p>1. INSPECTION</p> <div style="border: 1px solid black; padding: 10px; margin-bottom: 10px;"> <ul style="list-style-type: none"> Inspection is the main skill used in general survey. Observing the client in a close, focused manner using <u>vision</u>, and <u>smell senses</u>. It begins during the <u>First contact with client</u> and continues throughout the assessment. <u>It requires</u> good lighting and sometimes equipment to enhance vision or examine hidden areas of the body. <u>It provides information</u> about body parts': color, size, location, movement, texture, symmetry, odor, and etc. </div> <p>Inspect Skin for:</p> <ul style="list-style-type: none"> ➤ Color: While inspecting skin coloration, note any odors emanating from the skin ➤ Thickness ➤ Symmetry ➤ Bruises, scars, scratches, wounds, unusual marks ➤ Presence of Skin Lesions ➤ Edema 	<p>Color: varies from pinkish tan to ruddy dark tan or flight light to dark brown and many have yellow or olive overtones.</p> <ul style="list-style-type: none"> Dark skinned people normally have areas of lighter pigmentation on the palms, nailbeds and lips. Sun exposed areas are darker. Hygiene: clean & odorless The epidermis is uniformly thin over most of the body, although thickened callus areas are normal on palms and soles.
<p>2- PALPATION</p> <div style="border: 1px solid black; padding: 10px; margin-bottom: 10px;"> <ul style="list-style-type: none"> Palpation means: Touching the body with different parts of the hand, using varying degree of pressure. It provides information about body organs': size, shape, moisture, temperature, pulsation, vibrations, position, consistency, and tenderness. It confirms findings of inspection. </div>	

Palpate skin for:

- A. Moisture

- B. Temperature

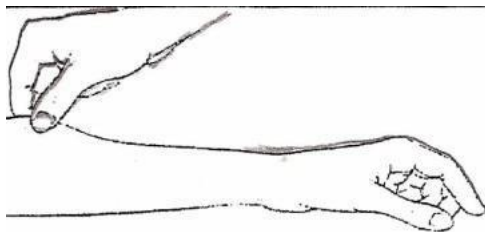
- C. Texture

- D. Turgor and mobility

Turgor / mobility (Tenting test)

- Pinch up a large fold of skin on the interior chest (over sternum or under the clavicle) or forearm and release, inspect for ease of skin rising and time to return to place.

- Turgor is an excellent indicator of adequate hydration and nutrition.



A. Moisture: Perspiration appears normally on the face, hands, axillae, and skinfolds in response to activity, a warm environment or anxiety

B. Temperature- skin should be warm and the temperature should be equal bilaterally, warmth suggests normal circulatory status. Hands and feet might be slightly cooler in a cool environment.

* Use dorsal part of hand to assess temperature bilaterally.

C. Texture: normal skin feels smooth and firm, with an even surface.

Moderately mobile, * (smooth and elastic; returns to place and original shape in less than 3 seconds)

E. Edema

- Finally, palpate the feet, ankles, and sacrum. if Edema is present upon palpation it leaves a dent in the skin.
- Grade any edema on a **four-point scale**:

1+ Mild pitting: slight indentation: no perceptible swelling of the leg

2+ Moderate pitting: indentation subsides rapidly

3+ Deep pitting; indentation remains for a short time; legs look swollen.

4+ Very deep pitting; indentation lasts a long time; leg is very swollen.

No edema noted.

2. **If skin lesion is observed**, note the type of skin lesion.

Examination of skin lesion:
(use penlight or magnifying glass)

A. Inspect lesion for:

- **Location and distribution on body** - Generalized or localized to area of a specific irritant; around jewelry, watchband, around eyes.
- **Color**
- **Elevation and depth:**
flat, raised, or pedunculated
- **Size (in centimeters):** use a ruler to measure dimensions
- **Content:** solid mass or fluid exudates (note its color or odor)
- **Border:** regular or irregular.

B. Palpate Skin Lesion: (put gloves on and palpate the lesion between the thumb and index finger for size, mobility, consistency, and tenderness)

Normally skin is free from lesions

INSPECT AND PALPATE HAIR and Scalp

Procedure & Rationales	Normal Findings
<p>Inspect and Palpate Hair and scalp for:</p> <ul style="list-style-type: none">A. ColorB. DistributionC. QuantityD. HygieneE. TextureF. Presence of Scalp Lesions	<p>Color: Variable/shiny</p> <p>Distribution : Fine villous hair coats the body, whereas, coarser terminal hairs grow at the eyebrows, eyelashes and scalp. During puberty, distribution conforms to normal male and female patterns</p> <p>Quantity: Uneven on body.</p> <p>Hygiene : clean</p> <p>Texture: Scalp hair may be fine or thick and may look straight, curly or kinky.</p> <p>Presence of Scalp Lesions: No scalp lesions</p>

Inspect and Palpate Nails

Procedure & Rationale

Normal Findings

A. Inspect nails for

- shape and contour of the nails.

Nail surface is normally slightly curved or flat and the **posterior and lateral nail folds** are smooth and round.

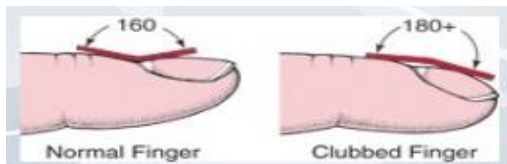
Nail edges are smooth, rounded, and clean suggesting adequate self-care.

- Measuring the nail base angle:

Assessing Clubbing of Nails

The Profile Sign.

View the index finger at its profile and note the angle of the nail base

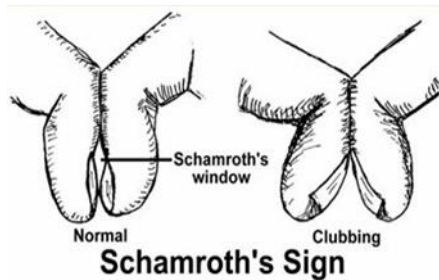


It should be about 160 degrees.
The nail base is firm to palpation.

The Schamroth's Window Test

Have the patient place the first phalanges of the forefingers together.

Inspect the space between the opposing four fingers.



Normal nail bases are concave & create a small, diamond-shaped space when the first phalanges are opposed
-Convex nail bases touch without leaving a space between the opposed phalanges.

- **Inspect and Palpate for Consistency:**

The surface is smooth and regular, not brittle or splitting.

Nail thickness is uniform.

The nail firmly adheres to the nail bed and the nail base is firm to palpation.

- **Inspect for Color**

The translucent nail plate is a window to an even, pink nail bed underneath.

Dark skinned people may have brown-black pigmented areas to linear bands or streaks along the nail edge.

Normally color return is an instant or at least within a few seconds (1-2 seconds)

Capillary Refill Test.

- This test is to monitor dehydration and blood supply.
- Depress the nail edge to blanch and then release, noting the return of color.



Pressure is applied to nail bed until it turns white



Blood returned to tissue

E. Palpate nail for:

- Texture
- Firmness
- Thickness
- Adherence to nail bed

Nails Shape, contour, consistency, color
Nail beds should be pink. Nails should be convex in shape, smooth and flexible, not brittle or thickening.





King Saud University
College of Nursing
Medical Surgical Department

NURS 221 HEALTH ASSESSMENT (Practical)
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			Comments
	Done Correctly	Done with Assistance	Not Done	
Preparation				
Prepare necessary equipment.				
Review interview note.				
Explain procedure.				
Conduct general survey.				
Position and drape patient correctly.				
Expose body part to be examined and drape patient appropriately.				
Ensure adequate light.				
Ensure patient privacy				
Wash hands.				
Follow Inspection and Palpation sequence appropriate for this system.				
Inspect Skin for:				
A. Color				
B. Thickness				
C. Symmetry				
D. Bruises, scars, scratches, wounds, unusual marks				
E. Presence of skin lesions				
- Location and distribution on body				
- size				
- color				
- Elevation and depth				
- Content				
- Border				
Palpate Skin Lesion				

- put gloves on and palpate the lesion between the thumb and index finger for : size, mobility, consistency, and tenderness				
F. Edema				
Palpation (Skin)				
Palpate skin for:				
a. Moisture				
b. Temperature				
c. Texture				
d. Turgor				
e. Mobility				
f. Edema				
Inspection and Palpation (Hair and Scalp)				
a. Color				
b. Distribution				
c. Quantity				
d. Hygiene				
e. Texture				
f. Presence of Scalp Lesions				
Inspection (Nails)				
Inspect the shape and contour of the nails.				
a. Surface				
b. Posterior and Lateral nail folds				
c. Nail edges				
d. hygiene				
Inspect consistency.				
Inspect color.				
Measure nail base angle.				
Test Capillary Refill.				
Palpation (Nails)				
Palpate Nail for:				
a. Texture				
b. Firmness				
c. Thickness				
d. Adherence to nailbed				

Evaluated by: _____

Date Evaluated: _____