



King Saud University

Collage of Nursing

Medical Surgical Nursing depart

Application of Health Assessment

NUR 225

Module Two

Physical examination of the skin, hair and nail



1- Health History Taking:

1- Chief complain :

- Rash, lesion, abrasions, pigmented spots
- Change in mole (color, size, shape, sudden appearance of tenderness, bleeding, itching) ,
- Excessive dryness or moisture and Pruritus (skin itching)
- Hair changes (loss ,excessive growth, changes in texture)
- Change in nails (shape, color, brittleness)

2-Past history of skin disease : Congenital skin disorders .

3-Family history of skin disease.

4-Known allergies; (food, insect, animal)

5-Medications

6-Environmental or occupational hazards

- Amount of sun exposure
- Recently bite by insect (bee, tick, mosquito), plants or animals
- New or increased life stress·
- Possible relation of problems to season of year

7-Self care behaviors (use of cosmetics, detergents, chemicals, skin self-examination).

2- Physical Examination of Skin, hair and nail.

Terminologies.

- Albinism (total loss of color)
- Vitiligo-patchy depigmentation
- Erythema(intense redness and warmth)
- Cyanosis (dusky blue)
- Carotenemia-yellow orange
- Jaundice-yellow

A .Prepare Equipment:

1. strong direct light
2. small centimeter ruler
3. penlight
4. magnifying glass
5. gloves
6. tongue depressor

B. Patient and environment preparation:

- Explain procedure to patient
- Ask patient to undress and drape him / her appropriately
- Make sure the room is warm, quiet , and adequately lighting
- Ensure patient privacy
- Wash hands

C. Obtain Health History.

D. Conduct physical examination

1. Begin by examining hands and fingernails to accustom the client for touching.
2. Pay attention for areas with skin folds.
3. Stand back to get an overall impression and notice patterns of lesion.

Procedure	Rationale	Normal Findings	Abnormal Findings						
<p>A. SKIN</p> <p><u>1. INSPECTION</u></p> <p>Technique</p> <table border="1" data-bbox="170 248 617 716"> <tr> <td data-bbox="170 248 617 318">Inspect Skin for:</td> </tr> <tr> <td data-bbox="170 318 617 498"> <ul style="list-style-type: none"> a. Color b. While inspecting skin coloration, note any odors emanating from the skin </td> </tr> <tr> <td data-bbox="170 498 617 534">c. Thickness</td> </tr> <tr> <td data-bbox="170 534 617 570">d. Symmetry</td> </tr> <tr> <td data-bbox="170 570 617 680"> <ul style="list-style-type: none"> e. Bruises,scars, scratches,wounds, unusual marks, </td> </tr> <tr> <td data-bbox="170 680 617 716">f. Lesions</td> </tr> </table>	Inspect Skin for:	<ul style="list-style-type: none"> a. Color b. While inspecting skin coloration, note any odors emanating from the skin 	c. Thickness	d. Symmetry	<ul style="list-style-type: none"> e. Bruises,scars, scratches,wounds, unusual marks, 	f. Lesions	<p>1.Inspection is the main Skill used in general survey.</p> <p>Observing the client in a close, focused manner using vision, and smell senses.</p> <p>*It begins during the First contact with client and continues throughout the assessment.</p> <p>*It requires good lighting and sometimes equipments to enhance vision or examine hidden areas of the body.</p> <p>*It provides information about body parts': color, size, location, movement, texture, symmetry, odor, and etc.</p>	<p><u>Color:</u> Pink, Brown, Black , Sun exposed areas are darker .</p> <p><u>Hygiene:</u> clean & odorless</p>	<p><u>Color:</u></p> <ul style="list-style-type: none"> ❖ Pallor (yellowish/white)(dark people: yellowish brown / gray) ❖ Albinism (total loss of color) ❖ Vitiligo (patchy depigmentation). <div data-bbox="1524 480 1738 613" data-label="Image"> </div> <p>Vitiligo on the back</p> <ul style="list-style-type: none"> ❖ Erythema(intense redness and warmth) ❖ Cyanosis (dusky blue) ❖ Bruises ❖ Carotenemia (yellow orange) ❖ Jaundice(yellow) <p><u>Hygiene:</u> dirty and smelly</p>
Inspect Skin for:									
<ul style="list-style-type: none"> a. Color b. While inspecting skin coloration, note any odors emanating from the skin 									
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f. Lesions									

Note type of skin lesion

-Examination of skin lesion;

A- Inspect lesion for

(use penlight or magnifying glass)

➤ **Location and distribution on body:**

generalized or localized to area of a specific irritant; around jewellery, watchband, around eyes.

➤ **Color**

➤ **Elevation and depth :**

flat, raised, or pendunculated.

➤ **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 skink lesion

put gloves on and palpate the lesion between the thumb and index finger for

size, mobility, consistency, and tenderness

Generalized rash – consider allergic reaction

Generalized change in skin color (jaundice, cyanosis, pallor) suggests systemic illness

Localized skin changes – hypo pigmentation – change in color
Macule, patch , papule , nodule, tumor , vesicle, pustule, fissure, scale , crust.

2.PALPATION

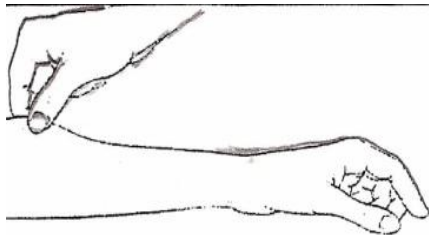
Technique

Palpate skin for:

- | |
|------------------------|
| a. Moisture |
| b. Temperature |
| c. Texture |
| d. Turgor and mobility |

d. 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.



* **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.**

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

(skins' mobility ease of rising) and (skin's ability to return to place promptly when released).

a. Moisture: Dry , Moderate amount of perspiration in face hands axillae, skin folds

b.Temperature:-
* Cool /warm & equally bilaterally.
* Use dorsal part of hand to assess temperature bilaterally.

c.Texture:
*Smooth, Firm intact.

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

e. thickness:
* Uniformly thin

a.Moisture:

- ❖ Diaphoresis (overly moist)
- ❖ Dehydration (overly dry)

b.Temperature:

- ❖ Hypothermia (cold) generalized or localized
- ❖ Hyperthermia(hot) generalized or localized.

A marked difference in temperature of upper and lower extremities can indicate decreased perfusion and cardiac output

c.Texture:

- ❖ Rough ,dry& flaky, Velvet (very soft &very smooth) Non-intact.

d.Turgor:

- *Tight or stretched and difficult to move.
- * Poor turgor; Wrinkled, (returns to place in more than 30 seconds)

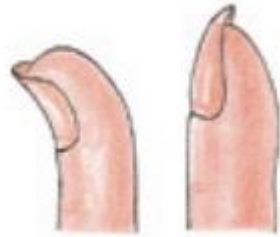
e.thickness:

- *Very thin, shiny, Callus (thickening over pressure areas)

Procedure	Rationale	Normal Findings	Abnormal Findings						
<p data-bbox="176 201 569 289">Inspect and Palpate Hair and scalp for:</p> <table border="1" data-bbox="170 326 638 1101"> <tr> <td data-bbox="170 326 638 415">a. Color</td> </tr> <tr> <td data-bbox="170 415 638 545">b. Distribution</td> </tr> <tr> <td data-bbox="170 545 638 675">c. Quantity</td> </tr> <tr> <td data-bbox="170 675 638 919">d. Hygiene</td> </tr> <tr> <td data-bbox="170 919 638 1101">e. Texture</td> </tr> <tr> <td data-bbox="170 1101 638 1440">f. Scalp lesions</td> </tr> </table>	a. Color	b. Distribution	c. Quantity	d. Hygiene	e. Texture	f. Scalp lesions		<p data-bbox="1058 201 1220 228"><u>Inspect Hair</u></p> <p data-bbox="982 277 1255 305">Color: Variable/shiny</p> <p data-bbox="982 354 1262 461">Distribution :Even on scalp, eye brows, eye lashes</p> <p data-bbox="982 472 1262 542">Quantity: Uneven on body .</p> <p data-bbox="982 630 1178 657">Hygiene :clean</p> <p data-bbox="1031 781 1241 808"><u>Palpate hair for</u></p> <p data-bbox="982 824 1184 932">Texture: Pliant/smooth , fine/thick</p> <p data-bbox="982 976 1108 1045">Lesion: No lesion</p>	<p data-bbox="1541 201 1703 228"><u>Inspect Hair</u></p> <p data-bbox="1318 277 1535 305">Color- Dull/ gray</p> <p data-bbox="1318 354 1822 423">Distribution - hair absence ,abnormal configuration</p> <p data-bbox="1318 472 1835 579">Quantity: -loss of hair (alopecia) ,Excess body hair (hirsutism)</p> <p data-bbox="1318 630 1898 737">Hygiene: Nits/lice (white tiny ovals adherent to hair shaft and cause intense itching (Pediculosis) dandruff</p> <p data-bbox="1520 781 1730 808"><u>Palpate hair for</u></p> <p data-bbox="1318 824 1703 889">Texture: Brittle/dry, excessive oiliness</p> <p data-bbox="1318 899 1934 1084">Lesion Multiple pustules with hair visible at the center with erythematous base (<u>folliculitis</u>) Rounded patchy hair loss on scalp with broken hairs pustules and scales on skin (<u>tineacapitis</u>)</p> <p data-bbox="1318 1133 1780 1240">Thick hair needs close inspection Alopecia – a significant loss of hair Hirsutism- excessive hair</p> <p data-bbox="1318 1289 1913 1354">If there is a reddish hue ask if henna has been used</p>
a. Color									
b. Distribution									
c. Quantity									
d. Hygiene									
e. Texture									
f. Scalp lesions									

Procedure	Rationale	Normal Findings	Abnormal Findings
<p>A. Inspect Nails for:</p> <p>.1- Color</p> <p>.2 – Surface</p> <p>.3- Posterior and lateral nail folds</p> <p>.4- Hygiene</p> <p>Measure nail base angle (clubbing)</p> <p>-Have the patient placed the first phalanges of the forefingers together.</p> <p>- Inspect the space between the opposing four fingers.</p> <p>-Normal nail bases are concave & create a small, diamond- shaped space when the first phalanges are opposed</p> <p>-Convex nail bases touch without</p>		<p>Color: Clear /pink Dark people Brown to yellow</p> <p>Surface: Slightly curved or flat ,Convex curve</p> <p>Posterior and lateral: Smooth-round .</p> <p>Hygiene: Clean</p>	<p>Color: - Bluish -cyanosis , yellow-pallor White hairline linear marking .</p> <p>Surface: spoon</p> <p>Posterior and lateral: Smooth-round -Traumatized / bitten / cracked Inflamed</p> <p>Hygiene: Dirty</p> <p>Note cyanosis, clubbing (base of nails becomes swollen and feels as if floating when touched) Clubbing appears with congenital chronic cyanotic heart disease, emphysema, chronic bronchitis Pits, grooves or lines may indicate nutrient deficiency or may accompany acute illness Nails are thickened with arterial insufficiency</p>

leaving a space between the opposed phalanges



Concave Convex



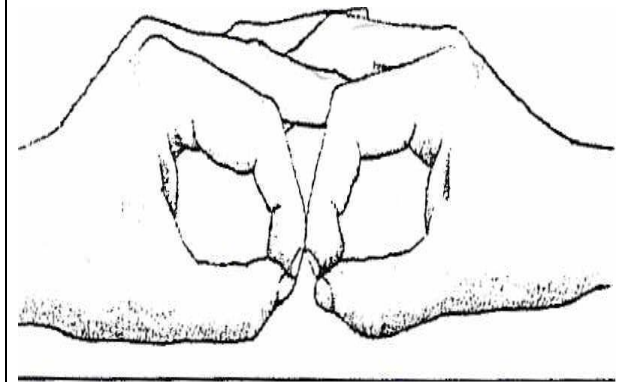
Normal



clubbing

greater than 2 seconds may indicate:

- Dehydration
- Shock
- Peripheral vascular disease (PVD)
- Hypothermia



Test Capillary Refill

- This test is to monitor dehydration and blood supply. Pressure is applied to the nail bed until it turns white, indicating that the blood has been forced from the tissue. This is called blanching. Once the tissue has blanched, pressure is removed.

-While the patient holds their hand above their heart, the health care provider measures the time it takes for blood to return to the tissue.

- This test is to monitor dehydration

If there is good blood flow to the nail bed, a pink color should return in less than 2 seconds

What Abnormal Results Mean

Blanch times that are greater than 2 seconds may indicate:

- Dehydration
- Shock
- Peripheral vascular disease (PVD)
- Hypothermia



Pressure is applied to nail bed until it turns white

Blood returned to tissue



B. Palate nail for ;

a. Texture

b. Firmness

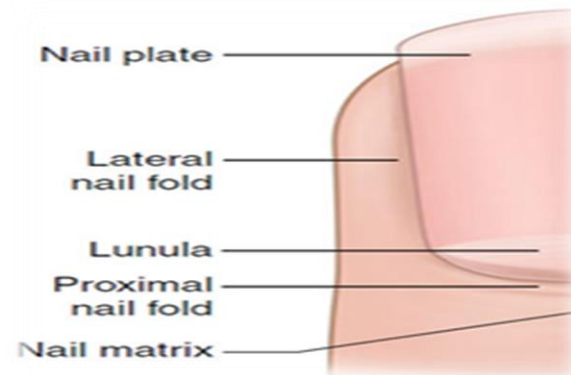
c. Thickness

d. 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

Nails are thickened with arterial insufficiency





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						Com ment
	Trial 1			Trial 2			
Technique	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:							
a. Color							
b. note any odors emanating from the skin							
c. Thickness							
d. Symmetry							

e. Bruises, scars, scratches, wounds, unusual marks,							
f. Lesions (inspect for);							
location and distribution on body							
size							
color							
Elevation and depth							
Content							
Border							
palpate skink lesion: put gloves on and palpate the lesion between the thumb and index finger for : size, mobility, consistency, and tenderness							
Palpation (Skin)							
Palpate skin for:							
a. Moisture							
b. Temperature							
c. Texture							
d. Turgor							
e. Mobility							
Inspection and Palpation (Hair and Scalp)							
Inspect and Palpate Hair for:							
a. Color							
b. Distribution							
c. Quantity							
d. Hygiene							
e. Scalp lesions							
f. 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:							
a. Texture							
b. Firmness							
c. Thickness							
d. Adherence to nail bed							

Evaluated by: _____
Name and Signature of Faculty

Date Evaluated: _____