Skin Check Form

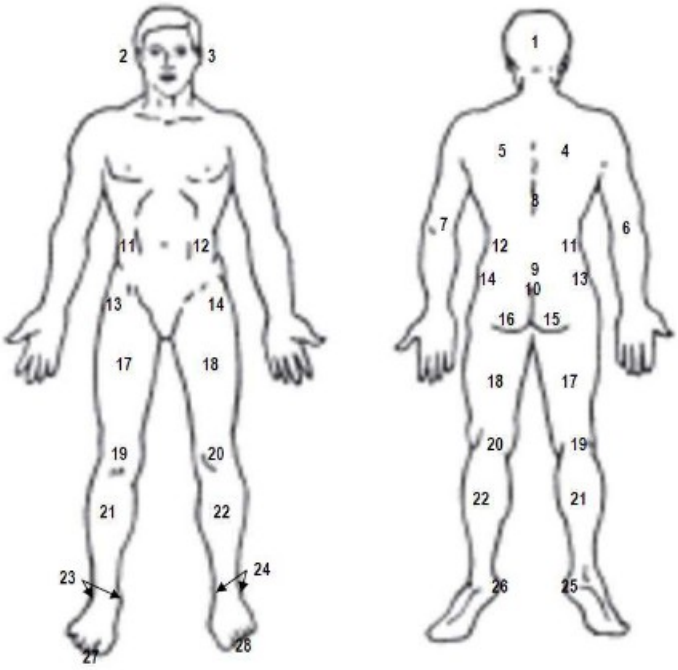
Person served Name:_____ **Date of Check (mm/dd/yyyy):** _____

Assessment Timeframe (check one): Admission ☐ Weekly ☐ Quarterly ☐ Change in Condition ☐

Braden score: _____ **Level of Risk (Check one)**: High Risk ☐ Low Risk ☐

Body Part Description:

1 = Back of head
2 = Left ear
3 = Right ear
4 = Right scapula
5 = Left scapula
6 = Right elbow
7 = Left elbow
8 = Vertebrae
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 toes (1,2,3,4,5)
28 = Left toes (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 _____

Person performing the check

Name	Designation	Signature