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Open

Nursing Pediatric Skin Assessment

- Involves inspection & palpation
- Color, texture, temp., moisture, turgor
- Light color skin milky white and rose to a deep hue of pink
- Dark color skin various brown, yellow, olive green & bluish tones

Color changes of racial groups

Description	Light skin appearance	Dark skin appearance
Cyanosis – bluish tones seen through skin; reflects deoxygenation	Bluish tinge, especially in palpebral conjuctiva, nail beds, earlobes, lips oral membranes, soles, palms	Ashen gray lips and tongue
Pallor – paleness; may indicate anemia, chronic disease, edema or shock	Loss of rosy glow in skin, especially in the face	Ashen gray in black skin color; More yellowish brown color in brown skin
Erythema – may indicate increased blood flow from climatic conditions, local inflammation, infection, skin irritation, allergy or other dermatoses.; or may be caused by increased numbers of RBC as compensatory response to chronic hypoxia	Redness easily visible anywhere on the body	Much more difficult to assess; Rely on palpation for warmth or edema
Ecchymosis – large, diffuse, black or blue area, caused by hemorrhage of blood into the skin resulting from injuries	Purplish to yellow-green areas; may be seen anywhere on the skin	Very difficult to see unless in mouth or conjuctiva
Petechia – same as ecchymosis except for size. Small distinct, pinpoint hemorrhages 2 mm or less in size, can denote some type of blood disorder such as leukemia.	Purplish pinpoint markings most easily seen anywhere on the skin.	Usually invisible except in oral mucosa, conjunctiva of eyelids, and conjuctiva covering eyeball



SOAP Note Sean Bartlett

S: Fatigue x 2 weeks This is the first clinic visit for this 28-year-old outdoor enthusiast who presents to the clinic complaining of right knee pain of 6 hours duration. Mr. Bartlett was in his usual state of good health until two weeks ago when he began suffering from generalized malaise and fatigue that precluded him from carrying out his normal walking routine. Upon awaking this AM his right knee was swollen, stiff and tender with a mild amount of redness noted. He rates the pain as a 6/10 with 10 being a fx clavicle. He also noted the appearance of a rash on his lower abdomen, 2 days after a camping trip to a Lyme endemic area of NC PA, that began on his abdomen, expanded over two days and gradually disappeared. The fatigue and malaise started around this same time. He states that the fatigue and malaise over the past two weeks have been accompanied by a mild headache and stiff neck, He denies fever, chills, sweats, night sweats, or weight loss. He also denies previous knee injury or pain or any other joint symptoms. Denies eye irritation, swollen glands, heart palpitations, syncope, peripheral paresthesias, abdominal pain, N/V/D,

PMH: Denies CAD, HTN, DM, CVA SH: He is very vague when questioned about his sexual history but states he has been involved in a monogamous relationship over the past 5 years.

Denies history of IV drug abuse. Cigarette smoker (<1/2 pack per week & occasional ETOH(4-6 beers) on weekends...social

Medications: None

O. VS Temp 98.6F Pulse 62 Resp 14 8P 120/82 WGT: 165 Hgt: 5'10"

General- Alert oriented white male in no acute distress noted to be favoring right leg while ambulating into clinic

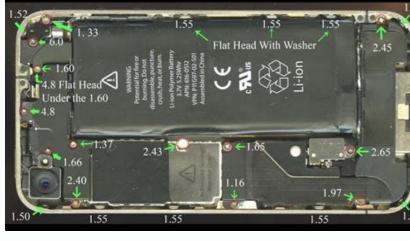
Skin- Warm moist with normal turgor, no rashes noted. Erythema noted circumferentially about right knee extending 4 cm above and below the patella

HEENT- normocephalic a traumatic without obvious deformities, PERRLA/EOML no conjunctival injection or scleral icterus noted. Nasal mucosa coral pink without discharge. No facial asymmetry. Pharynx-without erythema or exudate

Neck- No cervical lymphadenopathy, thyroidmegaly, carotid bruit

Lungs-AP/Lat chest ratio 2.1, no deformities or accessory muscle use. Percussion reveals resonance throughout. Clear to auscultation with vescular breath sounds in the bases. No wheezes or rhomchi





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