SKIN EVALUATION WORKSHEET/BODYAUDIT

WEEK 2

Date_____ **Shift** □ AM □ PM
Weight_____ (re-weigh if < or > 5 lbs)
Re-weight_____

Pain (verbal or non-verbal complaints of pain) □ Y □ N
Location_____

Bath □ Bedbath □ Tub Bath □ Shower
□ Shaved (men & women)

Nail Care □ Fingernails □ Toenails
□ Nail care referred to Team Leader

Visual Inspection of Skin By Licensed Nurse
□ Yes □ Date_____

RNA Signature_____

Nurse Signature_____

WEEK 2 COMMENTS

WEEK 3

Date_____ **Shift** □ AM □ PM
Weight_____ (re-weigh if < or > 5 lbs)
Re-weight_____

Pain (verbal or non-verbal complaints of pain) □ Y □ N
Location_____

Bath □ Bedbath □ Tub Bath □ Shower
□ Shaved (men & women)

Nail Care □ Fingernails □ Toenails
□ Nail care referred to Team Leader

Visual Inspection of Skin By Licensed Nurse
□ Yes □ Date_____

RNA Signature_____

Nurse Signature_____

WEEK 3 COMMENTS

<< PLACE RESIDENT LABEL HERE>>

WEEK 4

Date_____ **Shift** □ AM □ PM
Weight_____ (re-weigh if < or > 5 lbs)
Re-weight_____

Pain (verbal or non-verbal complaints of pain) □ Y □ N
Location_____

Bath □ Bedbath □ Tub Bath □ Shower
□ Shaved (men & women)

Nail Care □ Fingernails □ Toenails
□ Nail care referred to Team Leader

Visual Inspection of Skin By Licensed Nurse
□ Yes □ Date_____

RNA Signature_____

Nurse Signature_____

WEEK 4 COMMENTS

****When Week 4 completed, give to Case Manager**

INTERDISCIPLINARY TEAM SIGNATURES

Signature/Title Date

Signature/Title Date

Signature/Title Date

Signature/Title Date

<< PLACE RESIDENT LABEL HERE>>