# Skin Assessment

- Edema = Swelling
- Turgor = Hydration
- Turgor Test
  - Checking hydration
  - Gently pull skin up; let go; count # of sec. it takes to return to position
- Edema Test
  - Checking for swelling
  - Press skin above ankle; count # of sec. it takes to return to position
- Blanching Test (Nails only)
  - Checking for circulation
  - Press nail bed; count # of sec. it takes to return to return to the normal color

# **Skin Turgor Assessment Documentation**

**Patricia W. lyer, Nancy Hand Camp** 

#### **Skin Turgor Assessment Documentation:**

Guide to Clinical Documentation Debra Sullivan, 2011-12-22 Develop the skills you need to effectively and efficiently document patient care for children and adults in clinical and hospital settings This handy guide uses sample notes writing exercises and EMR activities to make each concept crystal clear including how to document history and physical exams and Complete Guide to Documentation Lippincott Williams & Wilkins, 2008 Thoroughly write SOAP notes and prescriptions updated for its Second Edition this comprehensive reference provides clear practical guidelines on documenting patient care in all nursing practice settings the leading clinical specialties and current documentation systems. This edition features greatly expanded coverage of computerized charting and electronic medical records EMRs complete guidelines for documenting JCAHO safety goals and new information on charting pain management Hundreds of filled in sample forms show specific content and wording Icons highlight tips and timesavers critical case law and legal safeguards and advice for special situations Appendices include NANDA taxonomy ICAHO documentation standards and documenting outcomes and interventions for key nursing diagnoses Documentation, 2007 This full color handbook is a quick reference guide to all aspects of documentation for every nursing care situation It covers current documentation systems and formats including computerized documentation and features scores of sample filled in forms and in text narrative notes illustrating everything from everyday occurrences to emergency situations Coverage includes timesaving strategies for admission to discharge documentation in acute outpatient rehabilitation long term and home care environments and special documentation practices for selected clinical specialties critical care emergency perioperative maternal neonatal and psychiatric The book includes advice on legal safeguards dangerous abbreviations and compliance with HIPAA guidelines and JCAHO requirements

**Documentation in Action** Lippincott Williams & Wilkins,2006 Designed for rapid on the job reference Documentation in Action offers comprehensive authoritative practice oriented up to the minute guidelines for documenting every situation in every nursing practice setting and important nursing specialties Need to know information is presented in bulleted lists charts flow sheets sidebars and boxes with icons and illustrative filled in samples Coverage includes documentation for care of patients with various diseases complications emergencies complex procedures and difficulties involving patients families and other health care professionals Suggestions are given for avoiding legal pitfalls involving telephone orders medication reactions patients who refuse care and much more A section addresses computerized documentation HIPAA confidentiality rules use of PDAs nursing informatics and electronic innovations that will soon be universal **The Essential Burn Unit Handbook, Second Edition** Jeffrey J. Roth, William Hughes, 2015-11-11 The Essential Burn Unit Handbook is a pocket sized reference dedicated to the evaluation diagnosis care and treatment of burn patients It covers the spectrum of burn care from initial assessment and treatment to long term sequelae This second edition includes an added chapter on the criteria for admissions to a burn unit as well as outpatient and follow up care It covers a wealth of topics that surgical residents

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