BAHAGIAN KEJURURAWATAN
KEMENTERIAN KESIHATAN MALAYSIA
SKIN ASSESMENT(DONE ONCE EVERY SHIFT)

WARD **DATE /TIME OF ADM**

NAME

R/N **DATE /TIME OF T/IN**

MONTH : **YEAR :**

DATE															
SITE	AM	PM	ON	AM	PM	ON	AM	PM	ON	AM	PM	ON	AM	PM	ON
EAR															
Redness															
Blister															
Broken skin															
Ulcer															
OCCIPITAL AREA															
Redness															
blister															
Broken skin															
Ulcer															
SCAPULA															
Redness															
Blister															
Broken skin															
Ulcer															
SACRAL															
Redness															
Blister															
Broken skin															
Ulcer															
ILLIAC CREST															
Redness															
Blister															
Broken skin															
Ulcer															
HEEL															
Redness															
Blister															
Broken skin															
Ulcer															
OTHERS															
Redness															
Blister															
Broken skin															
Ulcer															

NAME OF NURSE

SIGNATURE OF NURSE