This assessment is based effective as of October 2014. For more information or to provide feedback on this or any other decision support tool, e-mail certifiedpractice@crnbc.ca

**ADULT INTEGUMENTARY ASSESSMENT**

Nurses with Remote Nursing Certified Practice designation (RN(C)s)\(^1\) are able to manage the following skin conditions:
- Abscess and furuncle
- Cellulitis
- Impetigo
- Bites

The following assessment must be completed and documented.

**ASSESSMENT**

**History of Present Illness and Review of System**

**General**

The following characteristics of each symptom should be elicited and explored:
- Onset (sudden or gradual)
- Location and spread
- Duration, chronology
- Characteristics/quality/severity of symptoms
- Associated symptoms
- Precipitating and aggravating factors including environmental such as skin and hair products
- Relieving factors
- Timing and frequency
- Current situation (improving or deteriorating)
- Previous diagnosis of similar episodes
- Previous treatments and efficacy
- Effects on daily activities

**Cardinal Signs and Symptoms**

In addition to the general characteristics outlined above, other characteristics of specific symptoms should be elicited as follows:

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\(^1\) RN(C) is an **authorized title** recommended by CRNBC that refers to CRNBC-certified RNs, and is used throughout this Decision Support Tool (DST).
General
- Fever
- Malaise
- Arthralgia

Skin
- Changes in texture or colour
- Unusual dryness or moisture
- Itching, burning, pain or numbness
- Rash
- Bruises, petechiae
- Changes in pigmentation
- Lesions, blisters or crust
- Changes in moles or birthmarks

Hair
- Changes in amount, texture, distribution

Nails
- Changes in texture, structure

Medical History (Specific to Integumentary System)
- Allergies (e.g., medication, environmental, food)
- Allergic manifestation (e.g., photosensitivity, asthma, hay fever, urticaria, Stevens-Johnson Syndrome)
- Medications (over the counter, and prescriptions e.g., tetracycline, sulphonamides, steroids, oral contraceptives, antibiotics, anticoagulants, acetylsalicylic acid (ASA))
- Herbal preparations and traditional therapies
- Immunization status (particularly tetanus)
- Diseases:
  - Recent or current viral or bacterial illness
  - Known Methicillin Resistant Staphylococcus Aureus (MRSA) positive
  - Immunocompromised e.g., Acquired Immune Deficiency Syndrome (AIDS)
  - Seborrheic dermatitis, contact dermatitis, psoriasis, eczema
  - Asthma
  - Diabetes mellitus, Rheumatoid Arthritis (RA), thyroid disorder, collagen or vascular disorder
  - Skin cancer
- Sun exposure, tanning beds
- Surgeries or recent collagen, Botox, microdermabrasion, chemical peel
- Keloid formation

Family History Specific to Integumentary System
- Allergies (e.g., seasonal, food)
- Seborrheic dermatitis
- Psoriasis
- Skin cancer
• Atopy and asthma

**Personal and Social History Specific to Integumentary System**
• History of sensitive skin
• Obesity
• Poor hygiene
• Hot or humid environment, poor environmental sanitation
• Use of hot tubs, swimming pools
• Tattoos and piercings
• Stress or emotional disturbance (may precipitate flares of chronic skin problem such as psoriasis)
• Exposure to new substances (e.g., soaps, foods, pets, plants)
• Recent travel
• Others at home with similar symptoms
• Recent insect bite/sting

**PHYSICAL ASSESSMENT OF THE INTEGUMENTARY SYSTEM**

**Vital Signs**
• Temperature
• Pulse
• Respiration
• SpO₂
• Blood Pressure (BP)

**General**
• Apparent state of health
• Appearance of comfort or distress
• Colour
• Nutritional status
• State of hydration – older adult at risk
• Hygiene
• Match between appearance and stated age

**Inspection and Palpation of the Skin**
• Colour
• Temperature, texture, turgor, tenderness
• Dryness or moisture
• Scaling
• Pigmentation
• Vascularity (erythema, abnormal veins)
• Bruises, petechiae
• Edema
• Induration
• Individual lesions (colour, type, texture, general pattern of distribution, character of edge, whether raised or flat)
- Hair (amount, texture, distribution) and scalp (lesions)
- Nails, mucous membranes
- Skin folds
- Joint involvement

Other Aspects
- Examine lymph nodes
- Examine area distal to enlarged lymph nodes

Major Types
The major types and characteristics of skin lesions are given in Tables 1 and 2

- Jaundice, spider angiomata, palmar erythema or a necklace of telangiectasia may indicate alcoholic liver disease
- Petechiae or purpura suggest a coagulation problem

Table 1: Major Types of Skin Lesions

<table>
<thead>
<tr>
<th>Type of Lesion</th>
<th>Characteristics</th>
</tr>
</thead>
<tbody>
<tr>
<td>Primary Lesions</td>
<td>Physical changes caused directly by the disease process</td>
</tr>
<tr>
<td>Atrophy (may be secondary)</td>
<td>Skin thin and wrinkled</td>
</tr>
<tr>
<td>Excoriation</td>
<td>Superficial linear or hollowed-out crusted area, caused by scratching, rubbing or picking</td>
</tr>
<tr>
<td>Macule and patches</td>
<td>Flat, circumscribed, discoloured spot; size and shape variable (e.g., freckle, mole, port-wine stain). Macules less than 1 cm, patches greater than 1 cm.</td>
</tr>
<tr>
<td>Nodule</td>
<td>Palpable, solid lesion that may or may not be elevated (e.g., keratinous cyst, small lipoma, fibroma). Usually greater than 1 cm</td>
</tr>
<tr>
<td>Papule</td>
<td>Solid elevated lesion (e.g., wart, psoriasis, syphilitic lesion, pigmented mole). Less than 1 cm in diameter</td>
</tr>
<tr>
<td>Petechiae, ecchymosis and purpura</td>
<td>Extravasation of blood into skin causing non-blanching red macules and patches. Petechiae less than 2 mm. Ecchymosis more than 2 mm. Purpura are groups of petechiae and or ecchymosis that may be confluent.</td>
</tr>
<tr>
<td>Plaque</td>
<td>Well-defined plateau-like elevation compared to its height above the skin. For example eczema, psoriasis.</td>
</tr>
<tr>
<td>Pustule</td>
<td>Superficial elevated lesion containing pus (e.g., impetigo, acne, furuncle, carbuncle)</td>
</tr>
<tr>
<td>Telangiectasia</td>
<td>Fine, often irregular red line produced by dilatation of a normally invisible capillary. Blanch with pressure.</td>
</tr>
<tr>
<td>Ulcer (may be secondary)</td>
<td>Loss of epidermis and at least part of the dermis</td>
</tr>
<tr>
<td>Vesicle and bulla</td>
<td>Circumscribed, elevated lesion &lt; 5 mm in diameter containing clear</td>
</tr>
</tbody>
</table>
Table 2: Major Arrangements of Skin Lesions

<table>
<thead>
<tr>
<th>Arrangement of Lesions</th>
<th>Characteristics of lesions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Annular</td>
<td>Arranged in a circular pattern</td>
</tr>
<tr>
<td>Confluent</td>
<td>Merge and run together – e.g. exanthema</td>
</tr>
<tr>
<td>Discrete</td>
<td>Individual, separate and distinct – e.g. insect bites</td>
</tr>
<tr>
<td>Generalized</td>
<td>Scattered over the body – e.g. measles</td>
</tr>
<tr>
<td>Grouped</td>
<td>Clustered – e.g. herpes simplex</td>
</tr>
<tr>
<td>Linear or serpiginous</td>
<td>Form a line or snakelike shape – e.g. poison ivy, dermatitis</td>
</tr>
<tr>
<td>Polycyclic</td>
<td>Concentric circles resembling a bull’s eye – e.g. drug reactions, urticaria</td>
</tr>
<tr>
<td>Zosteriform</td>
<td>Linear arrangement along a nerve root – e.g. shingles</td>
</tr>
</tbody>
</table>


Symptoms Requiring Referral Or Consultation

The first step is to differentiate a major skin eruption, infection or event from a minor one that can be managed by nurses with certified practice designation.

The following signs and symptoms require referral to a physician or nurse practitioner:

- Petechiae or widespread purpura
- Unusual bruising
- Palmer erythema
- Spider angioma
- Caput medusa
- Jaundice
- Butterfly Rash
- Skin presentation in the presence of systemic disease
- Any cellulitis covering or involving a joint
- Facial, periorbital and orbital cellulitis are particularly worrisome, as they can lead to meningitis
- Known or suspected MRSA

### Diagnostic Tests

The RN(C) may consider the following diagnostic tests to support clinical decision-making:

- Culture and Sensitivity (C&S) of weeping lesions
- Blood glucose if poorly healing wounds

### REFERENCES

For help obtaining any of the items on this list, please contact CRNBC Helen Randal Library at circdesk@crnbc.ca

More recent editions of any of the items in the Reference List may have been published since this DST was published. If you have a newer version, please use it.


