



HCA Daily Skin Check

Name:

MRN:

DOB:

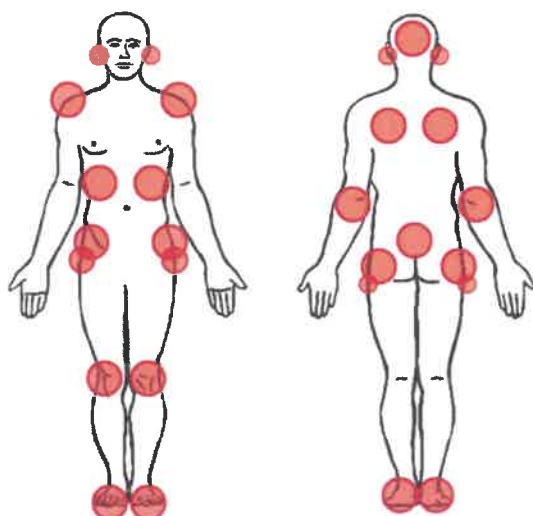
Address:

DAY SHIFT

HCA Daily Skin Check

Date:		Time:	
Area	Intact	Red	Broken
Back			
Rt Elbow			
Lt Elbow			
Sacrum			
Rt Buttock			
Lt Buttock			
Perineal area			
Rt Hip			
Lt Hip			
Groin			
Inside of Rt Knee			
Inside of Lt Knee			
Rt Heel			
Lt Heel			
Interventions	Yes	No	
Clean Patient			
Cavilon Cream			
Cavilon Stick			
Dressing in place			
Nurse Informed			
Name of Nurse Informed			
Sign HCA			

LOCATION OF PRESSURE AREAS



NIGHT SHIFT

HCA Daily Skin Check

Date:		Time:	
Area	Intact	Red	Broken
Back			
Rt Elbow			
Lt Elbow			
Sacrum			
Rt Buttock			
Lt Buttock			
Perineal area			
Rt Hip			
Lt Hip			
Groin			
Inside of Rt Knee			
Inside of Lt Knee			
Rt Heel			
Lt Heel			
Interventions	Yes	No	
Clean Patient			
Cavilon Cream			
Cavilon Stick			
Dressing in place			
Nurse Informed			
Name of Nurse Informed			
Sign HCA			

LOCATION OF PRESSURE AREAS

