Top ten tips: Skin assessment

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Skin is the largest organ in the body, common to everyone irrespective of age, gender or ethnicity. Its primary function is to protect us from our environment. It also helps to manage our temperature, and retain or lose heat in response to external or internal stimuli. It constantly renews itself, shedding millions of cells each day and replacing them with cells from deeper layers (Fletcher, 2019).

As well as its physiological benefits, skin is important in presenting our outwards appearance, it is what people see of us and what can give away some of what we are thinking or feeling. For example, by blushing when embarrassed or sweating profusely when stressed. We often judge people by their skin, whether that be the natural colour of the skin, or a colour relating to a disease e.g. the red-purple colour associated with alcohol dependence or how 'clean' the skin looks. This may relate to actual dirt or may be about a skin disorder such as psoriasis, which some people incorrectly associate with being unhygienic because of the skin texture and skin flaking.

In day-to-day life many people do not take care of their skin beyond washing and drying it. Although some people do moisturise regularly, sometimes spending extortionate amounts on skincare products which claim to restore elasticity, remove dark spots, smooth wrinkles etc. Skin is often overlooked but can be a good reflection of the overall health and wellbeing of an individual, showing signs of their diet, overall health including use of medications, smoking status, lifestyle choices and so on.

Within healthcare, skin assessment is a key component of nursing care, often recognised as a fundamental skill. It is nevertheless often carried out irregularly and in an unstructured way.

The National Wound Care Strategy Programme Core Capability Framework (2023) recommends that from Tier 1 onwards, health and care practitioners should have an awareness of the anatomy and physiology of the skin and the importance of maintaining its integrity.

The patient's skin should be examined systematically from head to toe.

1 Ensuring comfort and dignity.
Maintain the patient's privacy and dignity, show awareness of the individual's specific needs. Patients may be anxious about a skin assessment for many different reasons which can relate to age, sex, race, religious views. They can also link to embarrassment or shame about what may be uncovered. Ensure you explain clearly what you need to do, what you will uncover and why you are doing this. State clearly if you will be taking photographs and ensure that you have proper consent to do so. Consider if a chaperone is required.

2 Prepare the environment.
Good lighting is needed to assess the patient's skin properly and to ensure that nothing is missed. Check that the patient is in a comfortable position that allows you to see them from head-to-toe, and that if they are on a bed or a couch it is at a safe working height. Have any necessary documentation and equipment such as cameras, measurement tools and skin colour balance indicators easily to hand. Ensure the room is warm enough as you will need to expose the patient's skin, have plenty of sheets or towels to hand to maintain their privacy and dignity.

3 Consider if you need to clean the skin before completing the assessment.
Do you need to see the skin or do you need to document the condition of the skin prior to treatment? In some cases, you may need to do both.

4 Ask the patient about their skin.
Before commencing the assessment, ask the patient about their skin. Do they have a history of any skin conditions: eczema, psoriasis, vitiligo etc? Do they have any areas of skin that they are concerned about, for example because of pain, discomfort, itch, changes in texture or colour? Do they have any existing wounds? Ask when these were first noticed and how they came about. Ask if any products have been used on the skin that may cause a colour change. This may include dressing products such as silver or iodine, but also herbal products such as turmeric, skin-lightening products, or use of tanning beds or creams. Also ask about existing hygiene and moisturising routines. It is important to understand what has been used on the skin as

it may affect how the skin presents both visually and texturally. Most importantly ask about any skin sensitivities and allergies, how long these have been present and if they have been tested for or, are based on the individual's own perceptions. It is important to understand this as it is usually a specific ingredient that the person will be allergic to, but they will report an allergy to a whole product. For example, a foam dressing when it may just be the adhesive they react to, not the foam or film backing.

5 Carry out a head-to-toe skin inspection.
Once you have the history and details, commence with a head-to-toe skin inspection. This should include visual inspection looking for any change in colour, remembering that skin colour may vary naturally across the body, being darker in sun exposed areas. In some skin colours there are natural colour discrepancies on the palms and soles of the feet compared to elsewhere on the body. Note any patterns of colour change at extremities which may indicate reduced blood flow. Equally in all skin tones, the skin where two skin surfaces rub e.g. between the buttocks or thighs may often appear slightly darker naturally. Visual inspection should find any existing wounds or signs of trauma, such as bruising and scratch marks. Within the visual skin inspection notice the normal pattern of hair growth. For example, if the legs are pale, shiny and hairless this often indicates the presence of arterial disease. Observe any localised swelling or oedema. Document the visual skin assessment, use of a skin tone assessment tool should also be included (Wounds UK, 2026). Observe for signs of poor hygiene or self-neglect, this may be unavoidable due to the patient's circumstances, so it is important to not be judgemental.

6 Use other senses to assess the skin.
Whilst looking also touch or palpate the skin. Identify if there are areas of dryness or increased moisture, check if the temperature of the skin is similar to other areas, hotter or cooler. Feel the texture. Is it rough and dry, or does it feel wet and soggy? Palpate for the presence of induration (hard thickened areas often associated with venous leg ulcers or early pressure damage). Is the texture very soft and 'boggy', or squelchy, suggesting there is underlying tissue death? Are there areas of localised swelling and if there is oedema, is it soft, or hard and fixed? Observe the patient's reaction to your touch. Do any areas appear tender to the touch? Do they flinch or try to cover up areas? Equally, touch can give a crude indication of sensation, can they feel you touching their toes? If they have had a stroke can they detect touch on the affected side etc.

7 Use your sense of smell.
Does the patient smell clean or not? Can you clearly identify the distinctive scent of a fungal infection or pseudomonas? What else can you smell about them? Obviously – use your sense of smell discretely!

8 Photograph any areas of interest or concern.
Ensure the appropriate consent is obtained and follow local guidance for the taking, transfer, storage and use of images (Wounds UK, 2026). If the images are digital, they can be useful to show the patient areas of their skin that are of concern that they may not normally be able to see and discuss what the plan of care may be. Photographs are also useful for engaging other members of the multidisciplinary team in planning and delivering care.

9 Document your findings carefully and thoroughly.
Use of a body map can be particularly helpful to record whereabouts on the body areas of interest or concern may be. Follow local guidance on how best to record the findings.

10 Discuss findings and involve the patient in care planning.
Ensure the patient is comfortable and repositioned, then discuss your findings with them. Explain what the plan of care might look like, ask them about how they would wish to participate in self or shared care, and what they think they can do to help maintain healthy skin.

Healthy skin is a crucial element of maintaining not just health, but also confidence and comfort for people. Carrying out a thorough and detailed skin assessment allows healthcare professionals to identify early signs of skin changes, skin harm or many different systemic diseases. The skin flags signs and symptoms of so many different things, itch related to prescribed drugs or liver disease, allergies, pain, colour change, temperature and texture change – all part of a comprehensive and detailed medical history. Good skin assessment can take time, but it is time well spent. ●

References
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