

Tikrit University

College of Nursing

Basic Nursing Sciences



Second Year - 2023-2024

Adult Nursing

Head-to-Toe Assessment: Integument Assessment

Prepared by:

Nariman Mohammed Ahmed

Head-to-Toe Assessment: Integument Assessment

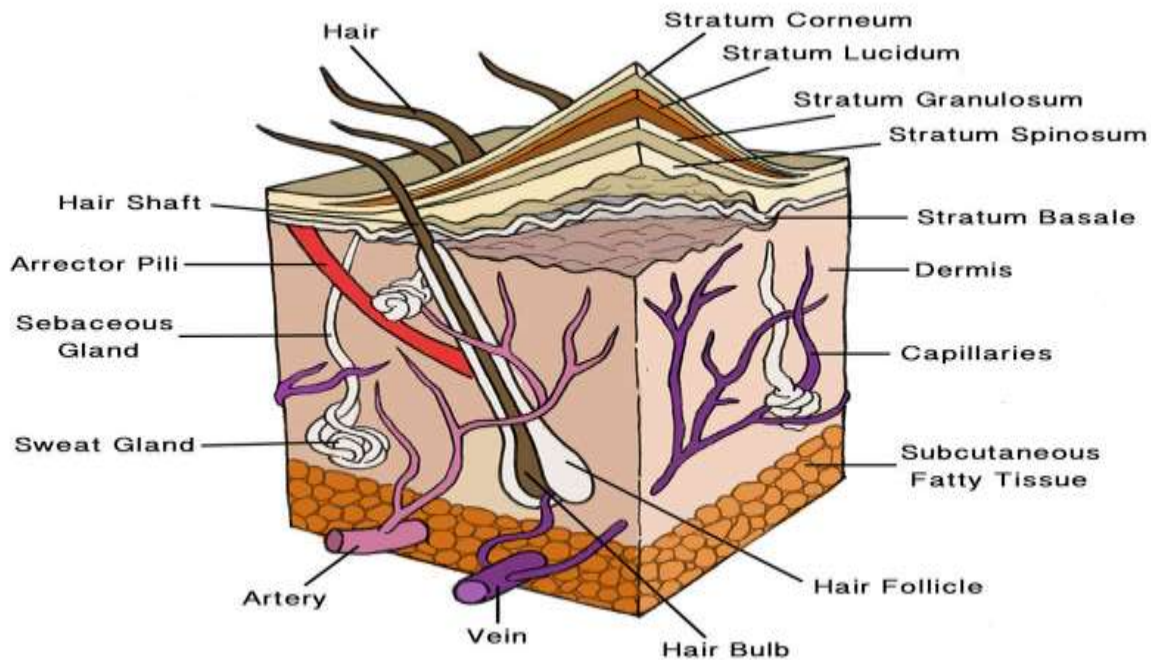


Figure 2.32 Integumentary system

Safety considerations:

- Perform hand hygiene.
- Introduce yourself to patient.
- Confirm patient ID using two patient identifiers (e.g., name and date of birth).
- Explain process to patient.
- Be organized and systematic in your assessment.
- Use appropriate listening and questioning skills.
- Listen and attend to patient cues.
- Ensure patient's privacy and dignity.
- Document according to your agency's policies and guidelines.

Objective Data

Consider the following:



<i>Steps</i>	<i>Additional Information</i>
Observe the skin from head to toe for colour, moisture, temperature, hair loss	<p>Abnormalities in skin / sclera colour may indicate other health issues (i.e., jaundice)</p>  <p>Jaundiced sclera</p> <p>Consider causes of excessive moisture. Excess moisture may increase the patient's risk for skin breakdown.</p> <p>Excessive temperature may indicate infection. Further assessment is required.</p>
Observe condition of nails, eyes, and mucous membranes of nose and mouth	<p>Neglect of nails may suggest difficulty with managing activities of daily living.</p> <p>Fungal infection of nails is common.</p>  <p>2.34 Fungal nail infection (resolving)</p>



Figure 2.36 oral herpes

Observe
condition of
mouth
(evidence of
oral care or
lack thereof)



Figure 2.35 Oral candida

- Mucous membranes of the mouth should be moist. Lack of moisture may suggest dehydration. Further assessment is required.
- Poor oral health can be evidence of larger health or social issues. Further assessment is required.
- Oral candida can occur with antibiotic therapy and from inhaled corticosteroids.
- Oral care should be a routine part of every patient’s care plan.
- Herpes infections are contagious.

. Assess skin
integrity for
presence of
lesions,

The integumentary system is our body’s first line of defense against invading organisms. Breaks in integument increase one’s risk of infection. Any concerns should be reported to the appropriate healthcare provider immediately.

rashes, or pressure injury



Figure

2.37 Scabies



Figure

2.38 Gangrene

Inspect dressings and/or entry sites of all tubes, drains, and IVs.

Determine the rationale for all tubes. Tubes should be secured, intact, and functioning. The following five principles apply to the care of drainage tubes. Knowledge of these principles should help the nurse to provide appropriate care to clients who have these kinds of tubes.

1. *Closed cavities of the body are sterile cavities.* Insertion of any tube must be performed with adherence to the principles of asepsis.
2. *A portal of entry that comes into contact with a non-sterile surface immediately becomes non-sterile.* When disconnecting drainage tubes, such as a urinary catheter or a T-tube, the ends must be kept sterile.
3. *Gravity promotes the flow of drainage from a cavity.* Keep drainage tubes and collection bags at a lower level than the cavity being drained.
4. *Drainage will flow out of the tubing if the lumen is not occluded.* Avoid

kinks and coils in the tubing and watch that the person does not lie on the tubing. Do not clamp tubes without a prescriber's order.

5. *Properly cleanse the site before accessing any tubing to reduce possible introduction of microorganisms into a cavity.* Sometimes contrast media and radiopharmaceuticals are injected via the tubing. An alcohol swab may be used to clean the entry point prior to accessing the tubing.

The following four factors affect the flow of fluid through tubes.

1. Pressure difference

- A fluid will flow through a tube only when a pressure difference occurs between the two ends. In other words fluid moves from an area of higher pressure to an area of lower pressure. The larger the pressure difference, the more flow there will be. For example an abscess that is full of fluid will have higher pressure than the drain that is inserted into it and attached to a drainage bag for passive drainage.
- A liquid in an enclosed container produces pressure by virtue of its weight. Weight, in turn, is determined by the density of the liquid and by the height of the liquid column from its surface to its outlet. For example, a large volume IV bag will have more pressure and, thus, greater potential for flow than a small volume IV bag.

2. Diameter

- The diameter of a tube is the width of its lumen or inside opening. This diameter has a significant effect on the resistance to fluid flow. Increasing a tube's diameter increases the flow rate, and vice versa. For example, IV fluids can be infused more quickly through large lumen IV cannulas as compared to small lumen IV cannulas.

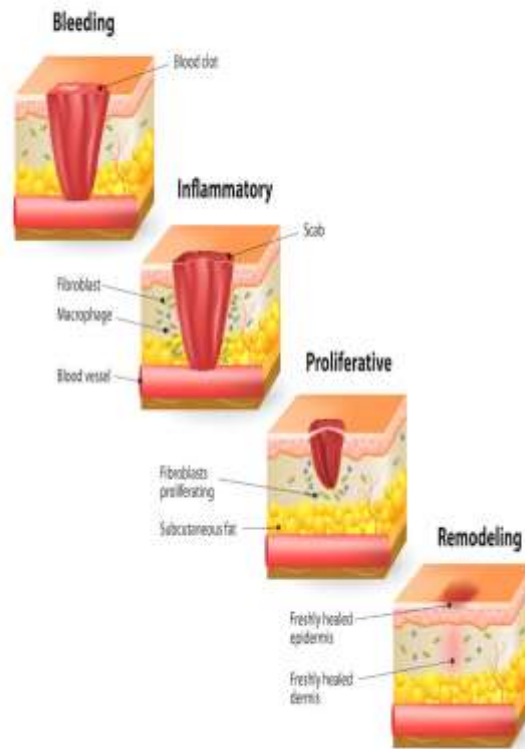
3. Length

- The length of a tube affects the rate of fluid flow. Fluid is slowed down by the friction of its molecules against the walls of the tube.

	<p>The longer the tube, the more surface area there is for the fluid to rub against. As well, the friction is greater in narrow tubes because the fluid is near the walls. Tubes should be as short as possible, but long enough to achieve their purpose without unduly restricting the person's movement. For example, drains should have relatively short drainage tubing, and IV tubing for IVs run by gravity should not be excessively long.</p> <p>4. Viscosity</p> <ul style="list-style-type: none"> o Viscosity refers to the tendency of a fluid to resist flow because of the friction of its molecules rubbing against each other. This lack of slipperiness causes the fluid to flow slowly. The rate of a slowly flowing fluid can be increased by raising the height of the container to increase the pressure difference; opening the clamp more or using a larger tube so there is a wider diameter; or diluting the fluid to make it less viscous. For example, blood run by gravity may require the height of the bag to be raised. <p>Dressings should be dry and intact.</p>
<p>Note the amount, colour, and consistency of drainage from any tube.</p>	<p>The character of drainage provides insight into activities within the body.</p>
<p>Subjective Data</p>	
<p>Ask if they have noticed any recent changes to their skin.</p>	
<p>Focused integument assessment may also include:</p>	

Wound Assessment

WOUND HEALING



Potential integument related nursing diagnoses:

- Impaired skin integrity due to incontinence.
- Risk of pressure injury due to immobility.
- Risk of wound infection due to contamination of coccyx wound with fecal matter.