Assessing Clients with Integumentary Disorders

Exercise

- Use the following health history questions and leading statements, categorized by functional health patterns, with a family member, friend, or client. Identify areas for focused physical assessment based on findings from the health history.

Assessing the Integumentary System

Health Perception–Health Management

- Describe any skin problems or injuries, nail problems, and/or scalp problems you have had.
- How was this problem treated?
- Describe your current problem.
- Are you taking any medications for this problem? If so, what do you take, and how often?
- Have you recently had any insect bites? Explain.
- Describe any food, drug, plant, or animal allergies that you have.
- Describe how you care for your skin.

Nutritional–Metabolic

- Describe your usual intake of fluids and food over a 24-hour period.
- Have you made any changes in your diet or have you recently introduced new foods into your diet? What are they? When did you eat them?
- How well do your skin cuts or scratches heal? Has there been a recent change in the way you heal?

Elimination

- Is your skin and/or scalp dry or oily?
- Do you perspire heavily?

Activity–Exercise

- Describe your usual activities in a 24-hour period.
- How much sun exposure do you get? Do you use sunscreen or sun-block products?
- Do you bruise easily? Explain.

Sleep–Rest

- How many hours of sleep do you get each night?
- Does itching or sweating wake you at night?
- Are you unable to rest because of a skin problem?

Cognitive–Perceptual

- Do you have any skin pain, including itching, burning, stinging, tingling, achiness, tenderness, or numbness? Explain.

Self-Perception–Self-Concept

- Describe the appearance of your skin, hair, and nails.
- Do you have a rash or open area on your skin? If so, where is it located? What size and shape is it? Is it flat or raised? Do you have any drainage from it? How long have you had the rash or open area? What precipitates or relieves it?
- Describe any changes you have recently noticed in the appearance of a mole (such as changes in color and size, bleeding, or pain).
- Have you recently lost any hair? From where, and how much?
- Have your nails changed in color or shape? Have they become more brittle?
- Has a problem with your skin, scalp, or nails affected how you feel about yourself?
- Has a problem with your skin, scalp, or nails affected how you feel about your normal life?

Role–Relationship

- Is there a history of allergic disorders or skin problems in your family? Describe.
- Has a problem with your skin affected your relationships with others in your family? At work? In social activities? Explain.
- Has a problem with your skin or scalp affected your ability to work? Explain.
Sexuality–Reproductive
Has a health problem with your skin or scalp interfered with or changed your usual sexual activities? Explain. Describe how problems with your skin, scalp, or nails have made you feel about yourself as a man or woman.

Coping–Stress
Does your skin problem seem to become worse when you experience increased stress? Explain. Have health problems with your skin created stress for you? Explain. Describe what you do to cope with stress. Who or what will be able to help you cope with stress from this skin problem?

Value–Belief
How will this health problem affect your future?