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## **Skin Exam Documentation**

The General Dermatology Exam:

Learning the Language The diagnosis of any skin lesion starts with an accurate description of it. To do that, you need to know how to describe a lesion with the associated language. This language, reviewed here, can be used to describe any skin finding.

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## **Dermatology Exam: Learning the Language | Stanford ...**

- Document the results of comprehensive skin assessment in each patient's medical record— even if there are no problems.
- Have a standardized place to record results in the medical record.

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## **Conducting a Comprehensive Skin Assessment**

EXAMINATION OF SKIN, HAIR AND NAILS

GOALS: 1) Learn to describe skin lesions

2) Learn to identify a few common skin,

hair and nail findings Anatomy Skin

Epidermis Stratum corneum- barrier

made up of flat cells without nuclei and

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keratin

## **EXAMINATION OF SKIN, HAIR AND NAILS GOALS: 1) Learn to ...**

NOTE: For the comprehensive level, the examination of at least eight anatomic areas must be performed and documented. For the three lower levels of examination, each body area is

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counted separately. For example,  
inspection and/or palpation of the skin  
and subcutaneous tissue of the right  
upper extremity and the left

## **SPECIALTY EXAM: DERMATOLOGY** **HIC# DATE OF SERVICE**

General Multi-System Pg 5 of 5 18  
Content and Documentation



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Requirements Level of Exam Perform and Document: Problem Focused One to five elements identified by a bullet.

Expanded Problem Focused At least six elements identified by a bullet. Detailed At least two elements identified by a bullet from each of six areas/systems OR at least twelve elements identified by a bullet in two or more

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## **SINGLE ORGAN SYSTEM EXAMINATIONS and body areas identified ...**

A SKIN ASSESSMENT captures the patient's general physical condition, based on careful inspection and palpation of the skin and documentation of your findings. Here are some

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components of a good skin assessment. Take a thorough history Obtain a history of the patient's skin condition from the patient, caregiver, or previous medical records.

## **Performing a skin assessment : Nursing2020**

CHARTING EXAMPLES FOR PHYSICAL

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ASSESSMENT SKIN, HAIR AND NAILS Skin pink, warm, dry and elastic. No lesions or excoriations noted. Old appendectomy scar right lower abdomen 4 inches long, thin, and white. Sprinkling of freckles noted across cheeks and nose. Hair brown, shoulder length, clean, shiny. Normal distribution of hair on scalp and perineum.

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## **CHARTING EXAMPLES FOR PHYSICAL ASSESSMENT | The Other Side ...**

Skin Observation Protocol Sample Documentation The text in this sample documentation can be considered an outline to use when you follow the Skin Observation Protocol. Each client's

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response to the Skin Observation Protocol will be unique to that client and should reflect their individualized assessment and care needs.

## **Skin Observation Protocol Sample Documentation**

Skin. Color, texture, hygiene, moisture. Braden score. Intactness, lesions,

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breakdown: Skin pink, cool and dry.  
Braden score- 18. Abdominal sagittal midline well approximated incision with packed wound at inferior and superior ends, both approx 1 cm in circumference and 11-12 mm in depth, no site redness or swelling, scant sanguiness drainage.

## **Assessment Documentation**

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## **Examples | Student Nursing Study Blog**

Atrophy is thinning of the skin, which may appear dry and wrinkled, resembling cigarette paper. Atrophy may be caused by chronic sun exposure, aging, and some inflammatory and neoplastic skin diseases, including cutaneous T-cell lymphoma and lupus



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erythematosus. Atrophy also may result from long-term use of potent topical corticosteroids.

## **Description of Skin Lesions - Dermatologic Disorders ...**

The first stage of a skin examination is to inspect the skin. General observation is important to determine the pattern of

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distribution or configuration of either solitary lesions, or groups of lesions or large areas of skin eruption. For example, a rash covering a large area of the body would be described as a generalised eruption.

**Skin assessment and the language of dermatology - Nursing ...**

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2. The documentation of each patient encounter should include: reason for encounter and relevant history, physical examination findings, and prior diagnostic test results;

### **1997 DOCUMENTATION GUIDELINES FOR EVALUATION AND ...**

Under pressure to be efficient, most

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providers abbreviate physical exam documentation to just the necessities. There is a fine balance between spending too much time on charting and including too little in your documentation. ... Skin: Skin in warm, dry and intact without rashes or lesions. Appropriate color for ethnicity. Nailbeds pink with no ...

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## **Cheat Sheet: Normal Physical Exam Template | ThriveAP**

Regular skin exams by a trained professional such as a dermatologist and skin self-examination for suspicious changes can help detect skin cancer early, when it's easier to treat. If you think you are at high risk of skin cancer

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or are concerned about anything on your skin, talk to your GP or Dermatologist.

## **Skin Check: The Complete Guide on Medical- and Self ...**

PHYSICAL EXAM: GENERAL

APPEARANCE: The patient is a well-developed, well-nourished female/male in no acute distress. VITAL SIGNS: Blood

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pressure [x] mmHg, pulse rate [x] beats per minute, respirations [x] breaths per minute, temperature [x] degrees Celsius/Fahrenheit, and O2 saturation [x]% on room air/on [x] liters nasal cannula.

## **Normal Physical Exam Template Samples**

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Exam of the left inguinal area is done in the same way, though hand positioning is reversed. Hernias are generally non-tender and there should be no evidence of acute inflammation (i.e. skin edema or redness).

### **Male Genital And Rectal Exam - MD Degree Program**



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Documentation Guidelines Specific abnormal and relevant negative findings of the examination of the affected or symptomatic body area(s) or organ system(s) should be documented. A notation of “abnormal” without elaboration is insufficient.

## **Defining a Detailed E/M Exam -**

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## **AAPC Knowledge Center**

The 1997 guidelines are typically used by dermatologists for documentation due to the limited number of organ systems they examine. The CPT and E/M codes are generated by the AMA for use by the CMS. Historically, private insurers have adopted CMS coding and documentation guidelines to create their

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own structure for reimbursement.

## **Billing, Coding and Documentation: A Primer on Dermatology ...**

Psychological problems may also cause skin disease - eg, dermatitis artefacta.

See the separate Living with Skin Disease article. Examination. In general, a thorough examination of the whole

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skin is considered best practice but may not be warranted - eg, diagnosis of a verruca.

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