PATIENT ASSESSMENTS SHOULD always include the skin, which can provide important information about the patient’s health. Skin lesions can signal conditions ranging from contact dermatitis to a more serious systemic problem, such as systemic lupus erythematosus.

A complete medical history and careful assessment will help you get to the root of your patient’s problem if you detect skin lesions. Key factors appear in Details to document.

Ask your patient to undress and put on a patient gown. Perform hand hygiene and put on clean gloves. Exposing only one body part at a time, check his skin from head to toe so you can identify any other areas that might require treatment. If you detect a lesion, note whether it’s flat or raised, isolated or diffused. Then refer to the following photos to help identify the type.

Document your findings and your patient’s symptoms in his medical record and notify the health care provider. LPN

Selected references

Macule: a small, flat, nonpalpable spot up to 1 cm in diameter with a circumscribed area of color change. Examples include freckles, café-au-lait spots, and pigment changes associated with vitiligo. A flat spot 1 cm or larger is called a patch.

Papule: an elevated solid lesion measuring up to 1 cm. Common examples include insect bites, scabies, and the viral infection molluscum contagiosum.

Plaque: an elevated superficial palpable solid mass, 1 cm or larger, frequently formed by coalescent papules. Examples include psoriasis and discoid lupus erythematosus.

Café-au-lait

Vitiligo

Molluscum contagiosum
Details to document
Factors from your patient’s history and characteristics of skin lesion help pinpoint the problem.

History
- onset of lesion(s)
- duration
- associated or aggravating factors (itching, tenderness, pain, dryness, or bleeding)
- relieving factors (what the patient has done to alleviate discomfort)
- treatment to date and his response.

Lesion characteristics
- anatomic location and distribution (generalized versus localized, on exposed surfaces or in skin folds; extensor or flexor areas; in areas exposed to irritants such as rings or hand lotions)
- patterns and shapes (linear, clustered, ring-shaped, in an arc, geographic, snakelike, or covering a skin brand over a sensory nerve root)
- type (macule, papule, vesicle)
- color.

Vesicle: a palpable, elevated, superficial, serous, fluid-filled cavity up to 1 cm caused by conditions such as herpes simplex.

Dermatofibroma

Nodule: an elevated, palpable, firm, and sometimes tender lesion larger than 0.5 cm that can involve all layers of the skin. Examples include dermatofibroma and nodules associated with cutaneous dermatitis.

Bulla: a vesicle 1 cm or larger, such as a bullous pemphigoid lesion or severe reaction to an insect bite.

Pustule: an elevated, superficial lesion filled with purulent fluid or pus, caused by conditions such as impetigo and acne.

Wheals: relatively transient, superficial, elevated, palpable, irregular-shaped areas of localized cutaneous edema with red, pale-pink, or white color. An example is urticaria (hives) caused by insect bites.

Herpes simplex

Urticaria

Insect bite

Acne