Unit-3-B
Assessment of the Skin, Head, and Neck, including Regional Lymphatics

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Acknowledge;
Sir, Hakim Shah
Director, DUHS ION
Objectives.

- By the end of the unit, the learner will be able to:
- Review the anatomy & physiology of Integumentary system.
- Describe the component of health history that should be elicited during the assessment of skin, head and neck.
- Describe specific assessments to be made during the physical examination of the above systems.
- Apply Braden scale to assess the bed sores of patient
- Documents findings.
- Describe age related changes in the above systems and differences in assessments findings.
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Equipment

- Examination light
- Penlight
- Mirror for client's self-examination of skin
- Magnifying glass
- Centimeter ruler
- Gloves
- Wood's light
- Examination gown or drape
Physical Assessment

- When preparing to examine the skin remember these key points:

- Examination of Skin:
  - Color
  - Vascularity
  - Texture: Roughness Eczema, Dermatitis.
  - Mobility: Decreased in case of edema, Obesity.
  - Turgor: Decreased due to dehydration.
  - Moisture:
    - Moisture: Dryness (hypothyroidism).
    - Sweating (hyperthyroidism).
    - Oily (acne).

- Skin Lesions
A. Color

1. Brown (deposition of melanin)

- Genital (it is generalized)
- Pregnancy (face, nipples, areola)
- Sunlight (exposed areas)
- Addison disease (exposed areas, pressure points, genitalia)
2. Blue (cyanosis)

- Peripheral: anxiety and cold: observed in extremities and Nail
- Central: lung and heart diseases (nails, lips, mucus membrane.)
3. Red colour

- Increased visibility of oxyhemoglobin because of dilation of superficial blood vessels e.g. Fever, blushing and local inflammation.
3. Reddish blue

- Combination of increased in level of hemoglobin & reduced in hemoglobin & capillary stasis e.g. Polycythemia, observed on hands, feet, conjunctiva, mouth face etc.
4. Yellow

- **Jundice**: increased level of bilirubin; first in sclera then mucus membrane & skin

- **Carotenemia**: increased level of carotenoids due to maxidema, hypopitutrrism and diabetes observed on palm, sole and face does not involve sclera and mucus membrane
Decreased Colour

- **Congenital (Albinism):** Inability to form melanin it is generalized.

- **Acquired (vitiligo):** Patchy symmetrical often involved exposed area.

- **Anemia:** Decreased level of hemoglobin evident in conjunctiva.
Vascularity

An evidence of bleeding and bruising

- **Petechia**: pin point hemorrhage beneath the skin usually 1-3mm round and flat this suggest increased bleeding tendency.

- **Echymosis**: purple, purplish blue and some time brown, larger then Petechia secondary to trauma and bleeding disorder.
Examination of Skin.

- Lesions:

- Location/ Distribution.

- Configuration.

- **Morphology:**
  - Primary
  - Secondary
  - Vascular
  - Pururic
Examination of Head.

**SCALP:**
- Scaliness
- Lumps
- Lesions.

**SKULL:**
- Size
- Contours
- Deformities
- Lumps
- Tenderness
- Unusual Movement.
Examination Of Mouth

Examination of mouth include Examination of:

- Lips
- Gums
- Teeth
- Tongue
- Palate
- Oropharynx
- Mucus membrane
- Breath/smell
Examination of lips

- **Colour**: Blue in Cyanosis, pale in anemia, normal lips are smooth and pink.
- Any congenital abnormality i.e. Cleft lip
Ulcers

- Snail track ulcers are observed in syphilis.
Vesicles

- In herpes simplex infection produced grouped vesicles on lips with red base.
Fissures

- Mostly seen in hot season, dehydration, and pathological in anemia
Examination of Gums

- Blue line running along the edges of gum in *lead poisoning*.

- Gums are swollen and spongy in case of *scurvy*.

- In *gingivitis* the edges of gums are red and bleed easily

- *Pyorrhea*: pus between teeth and gums
gingivitis

Scurvy
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Examination of Tongue

- **Colour**: Blue in Cyanosis pale in anemia
- **Red beefy tongue** in deficiency of riboflavin
- **Black tongue** in patient taking iron mixture. also in Addison diseases.
Symmetry of tongue

- Slightly deviated normally from its mid line
- Grossly deviated towards its side due to 12th cranial nerve paralysis.
- Tremor: tremors of tongue in Parkinson diseases. And in severe thyrotoxicosis.
Surface of tongue

- Dry tongue in case of anxiety and dehydration.
- Bald tongue in anemia (iron deficiency & pernicious).
- Furring of tongue in excessive smoking.
Red strawberry tongue

- In scarlet fever.
Ulcers

- Malignant ulcers
- T.B ulcers on tip of tongue
- Patches on tongue in thrush and leuko kleia.
Examination of under surface

- Ask the patient to touch the hard palate with the tip of the tongue
- In tongue tie he is unable to touch the palate
Size of Tongue

- Enlarged tongue in hypersecretion of growth hormone.
Palate

- Examine the palate, oropharynx, & mucous membrane for color pigments and deformity etc.

- A dirty gray colored membrane (pseudo membrane) is observed in diphtheria.
Breaths/smell

- **Fishy:** Uremia
- **Mousy:** Liver cirrhosis
- **Fruity:** Diabetes
- **Foul:** In case of dirty teeth, mouth ulcers etc.
Examination of Head.

- **HAIR:**
  - Quality (Texture)
  - Quantity
  - Cleanliness
  - Distribution
  - Pattern of loss
  - Infestation
Examination of Nails.

- Color
- Contour
- Curvature/Angle
- Symmetry
- Cleanliness
- Adherence to nail bed
- Thickness
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Nails

- Normal: the angle between finger nail and nail bed is 160 degree.

- Abnormal Nails
  - Bluish colour: in Cyanosis
  - Decreased capillary refill in anemia.
Koilonychias

- Spoon Shaped Nails in Iron Deficiency Anemia
Clubbing

- The angle between the nail and the base of the nail is 180 degrees or more, e.g., cynosis.
Splinter hemmoharrage

- Red or brown linear lines on nails due to trauma.
Paronychia

- Inflammation of Skin around nails.

![Image of a hand with inflamed paronychia](image-url)
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Fungal Nails
Examination of Face.

- Proportion/ Contour.
- Expression.
- Movement.
- Sensation.
- Lymph Nodes.
- Edema/Lesions/Masses.
Examination of Neck.

- Symmetry.
- Trachea.
- Lymph Nodes.
- Thyroid gland.
- Movement
- Masses, Swelling, Skin discoloration.
- Arterial pulsation & Venous distension.
Examination of Thyroid.

- Examination of lymph node.
- Describe enlarge node under the following terms.
  - Location
  - Size
  - Shape
  - Surface characteristics
  - Consistency
  - Mobility/ Fixation
  - Sign of Inflammation
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- Structure and Function
- Subjective Data—Health History Questions
- Objective Data—Physical Exam
- Abnormal Findings
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Structure and Function

Head

- Cranial bones
- Sutures
- Facial bones
- Facial muscles
- Salivary glands
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Structure and Function (cont.)

Neck

- Neck muscles
- Anterior and posterior triangles
- Thyroid gland
Structure and Function (cont.)

Lymphatics

- Preauricular
- Posterior auricular (mastoid)
- Occipital
- Submental
- Submandibular
Lymphatics (cont.)

- Jugulodigastric
- Superficial cervical
- Deep cervical
- Posterior cervical
- Supraclavicular
Structure and Function (cont.)

Developmental care

- Infants and children
  - Fontanels
  - Head growth
  - Lymphatic system
- Pregnant female
- Aging adult
Subjective Data—Health History Questions

- Headache
- Head injury
- Dizziness
- Neck pain or limitation of motion
- Lumps or swelling
- History of head or neck surgery
Subjective Data—
Health History Questions
(cont.)

Additional history for infants and children
- Maternal alcohol or drug use
- Type of delivery
- Growth pattern

Additional history for aging adult
- Dizziness
- Neck pain
Objective Data—Physical Exam

Head—*Inspect and palpate the skull*

- Size and shape
- Temporal area

Head—*Inspect the face*

- Facial structures
Objective Data—Physical Exam (cont.)

Neck—Inspect and palpate

- Symmetry
- Range of motion
- Lymph nodes
Objective Data—Physical Exam (cont.)

Neck—*Inspect and palpate* (cont.)

- Trachea
- Thyroid gland
  - Posterior approach
  - Anterior approach
  - Auscultate
Objective Data—Physical Exam (cont.)

Developmental care

- Infants and children
  - Skull
  - Face
  - Neck
  - Special procedures

- Pregnant female

- Aging adult
Sample Charting

- **SUBJECTIVE**

- Denies any unusually frequent or severe headache; no history of head injury, dizziness, or syncope; no neck pain, limitation of motion, lumps, or swelling.
## Sample Charting (cont.)

- **OBJECTIVE**

  - **Head**—Normocephalic, no lumps, no lesions, no tenderness.
  - **Face**—Symmetric, no weakness or drooping, no involuntary movements.
  - **Neck**—Supple with full ROM, no pain. Symmetric, no lymphadenopathy or masses. Trachea midline, thyroid not palpable. No bruits.
### Sample Charting (cont.)

<table>
<thead>
<tr>
<th>ASSESSMENT</th>
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<td>- Normocephalic, symmetric head and neck.</td>
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Lesions should be observed for:
- Anatomical location
- Arrangement and grouping
- Type of skin lesion
- Color of lesion

**Primary skin lesions** are original lesions arising from previously normal skin.

**Secondary lesions** can originate from primary lesions.
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Conti…

Primary Skin Lesions

- Non palpable Change in Skin Color.
- Macule, Patch
- Palpable elevated solid masse.
- Papule, Plaque, Nodule, Tumors, Wheal, Cyst,
- Palpable elevated serous fluid filled cavities.

Secondary Skin Lesion

- Vesicles, Bulla, Pustules,
- Erosions, Ulcers, Fissure, Scales, Crust, Scar, Lichenification, Atrophic Skin, Keloids,
Primary Skin Lesions

- There are three types of primary lesions
  - Non palpable Change in Skin Color.
  - Palpable elevated solid masse.
  - Palpable elevated serous fluid filled cavities.
1. Non palpable Change in skin colour

- **Macule**: <1cm circumscribed boarder e.g. Mole, patachia.
**Patch:** >1cm may have irregular border
e.g. Vitiligo, Freckles, Echymosis

Macule and patches are non palpable skin changes. colour may be brown, white, Purple red etc.
2. Palpable Elevated Solid Masses

- **Papule**: <0.5 cm Elevated Navi, Warts

![Papule images]
**Plaque:** >0.5 cm with circumscribed border e.g. Psoriasis, actinic keratosis
**Nodule**: 0.5-2 cm with circumscribed boarders e.g. Lipomas, Squamous cell Carcinoma.
**Tumors:** 1-2 cm (>2 cm extends deeper into the tissue)

e.g. Large lipomas  Carcinomas.
**Wheal**: Elevated mass with transient boarders caused by movement of serous Fluid in dermis does not contain free fluids in cavities like vesicles e.g. insect bite, Uriticaria.
**Cyst:** Encapsulated fluid filled or semi solid masses in the subcutaneous Tissue or dermis e.g. Sebaceous cyst
C. Palpable elevated fluid filled cavities

- **Vesicles**: <0.5 cm with circumscribed boarder
e.g. Chicken pox, 2\textsuperscript{nd} degree burn blister.
**Bulla:** >0.5 cm Circumscribed border e.g., Large burn blister, contact dermatitis, Bullous impetigo

**Pustules:** pus filled vesicles or bulla e.g., Impetigo, furuncle
Secondary Lesions

- **Erosions**: loss of superficial epidermis, does not extend to dermis, with moist area e.g. Scratch marks, ruptured vesicles.
**Ulcers:** Skin extends to dermis e.g. Pressure ulcers
**Fissure:** linear cracks in skin e.g. athletes foot
**Scales:** Flakes secondary to dead epithelium e.g. psoriasis, dry skin, pityriasis rosea.
**Crust:** Dried residue of serum blood or pus e.g. residual left following Vesicles, impetigo, eczema
**Scar:** Skin mark after wound Healing
**Lichenification:** Thickening & Roughening of the skin. Contact Dermatitis, Eczema.
**Atrophic Skin:** Thin, dry, transparent appearance of Epidermis e.g. Aged Skin
**Keloids:** Hypertrophic scar tissue secondary to excessive collagen formation during healing.
References.
