

# Skin Turgor Test

## PATIENT INFORMATION

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Gender:

Male  Female  Other

Date of birth: \_\_\_\_\_ dd / mm / yyyy Patient ID: \_\_\_\_\_

Date of test: \_\_\_\_\_ dd / mm / yyyy Time of test: \_\_\_\_\_

## CLINICAL INFORMATION

Primary diagnosis:

Relevant medical history:

Current medication:

Allergies:

## SKIN TURGOR TEST DETAILS

Test site:

- Back of hand
- Lower arm
- Abdomen
- Other

Preparation:

- Site cleaned
- Site dried
- Gloves used (if necessary)

Test performance:

Test findings:

- Normal recoil (rapid return to original position)  Delayed recoil (slow return)

Observations:

## OVERALL ASSESSMENT

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Interpretation of skin turgor test results:

Additional observations (e.g., signs of dehydration, other relevant clinical signs):

## PLAN/RECOMMENDATIONS

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Immediate actions taken:

Further testing/referrals:

Patient education provided:

Follow-up required:

Yes    No

Date of next evaluation: \_\_\_\_\_ dd / mm / yyyy

## PRACTITIONER'S INFORMATION

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Name: \_\_\_\_\_ Title: \_\_\_\_\_

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Signature:

Date: \_\_\_\_\_ dd / mm / yyyy