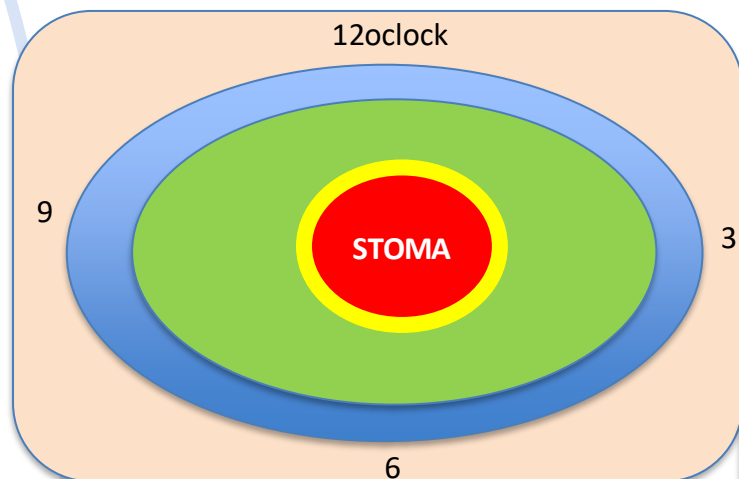


Date:
 Patient Name :
 Nurse Name & Signature
 Photo taken Y/N

PERISTOMAL SKIN TOOL

P.L.A.C.E.D.



Label all individual skin lesions on diagram

- Patient** Describe skin lesion sensation by the patient
- Look** Describe visual assessment of the peristomal skin
- Area** Describe position & size of the peristomal skin lesion
- Colour** Describe the colour of the peristomal skin lesion
- Extent** Describe depth of the skin lesion
- Digit** Describe the physical assessment of skin lesion

Area	P	L	A	C	E	D	Other comments
Mucocutaneous Junction							
Peristomal – (under adhesive)							
Parastomal – (outside adhesive)							
Anywhere else (on the body)							