Indiana State Department of Health

University of Indianapolis
Center for Aging & Community

SKIN INTEGRITY PROGRAM CHECKLIST

ADMISSION PROCESS

- ❑ Skin inspection done and documented within 24 hours
- ❑ Comprehensive risk assessment done within 24 hours
- ❑ Temporary care plan for skin integrity done within 24 hours, should include at a minimum:
  - Support surfaces (bed and W/C)
  - Turning & repositioning schedules
  - Incontinence care & keeping skin clean and dry
  - Heels elevated off bed
  - Dietary and Therapy referrals
  - Access to topical dressings if admitted with pressure ulcers
- ❑ Appropriate interventions communicated to the nursing assistants and appropriate staff

ON-GOING SKIN INTEGRITY PREVENTION PROGRAM

- **COMPREHENSIVE SKIN INTEGRITY RISK ASSESSMENT:**
  - ❑ Upon Admission/re-admission
  - ❑ Weekly for the first four weeks after admission
  - ❑ Quarterly
  - ❑ With a change of condition (including the development of a pressure ulcer)
  - ❑ Annually

- **OVERALL SKIN INSPECTIONS (goal is to ensure no unknown skin concerns):**
  - ❑ Upon Admission and re-admission
  - ❑ Daily with cares done by the Nursing Assistant
  - ❑ Weekly on bath day, done by Licensed Nurse

- **PRESSURE ULCER ASSESSMENTS:**
  - ❑ At least daily inspect pressure ulcer/wound to ensure dressing intact and no complications (note on treatment sheet)
  - ❑ At least weekly a comprehensive assessment of the ulcer should be done (includes: date, location, type of ulcer, stage, size (LxWxD), wound base, wound edges, drainage, odor, tunneling/undermining, & overall progress). May need to be more frequent if there are complications.

- **NOTIFICATION OF THE PHYSICIAN/NURSE PRACTITIONER AND FAMILY/DESIGNEE:**
  - ❑ Upon discovery of pressure ulcer
  - ❑ When the wound declines
  - ❑ If the wound shows no progress after 2 weeks
  - ❑ When the wound heals

WE WILL PREVENT PRESSURE ULCERS. KNOW THE FACTS. TAKE ACTION.

The Indiana Pressure Ulcer Initiative is a health care quality initiative of the Indiana State Department of Health and the University of Indianapolis Center for Aging & Community. 2009. Version: Oct 5, 2009

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- **EFFECTIVE COMMUNICATION WITH AN INTERDISCIPLINARY TEAM APPROACH**
  - ❑ At a minimum nursing assistants should be communicating to each shift, last time turned and last time toileted
  - ❑ The skin integrity team should be interdisciplinary and should include at least:
    - Skin integrity team leader
    - Licensed nurses (both Nurse Managers and floor nurses)
    - Nursing assistants
    - Dietary
    - Therapy

- **MONITORING PROGRAMS**
  - ❑ On-going monitoring of turning and repositioning
  - ❑ On-going monitoring of equipment
  - ❑ On-going monitoring of documentation (ensure the weekly wound assessment, risk assessment, care plans, MDS/RAPS and nursing assistant assignments sheets match)
  - ❑ Review of treatment books to ensure dressings are being done as ordered and to ensure no treatments to areas that are not being tracked

- **ACCESS TO APPROPRIATE EQUIPMENT**
  - ❑ Powered low air loss and air fluidized beds
  - ❑ Wheelchair cushions
  - ❑ Heel lift devices
  - ❑ Incontinence barrier ointments/pastes (must be accessible to nursing assistants)
  - ❑ Topical dressings & wound care supplies
  - ❑ Lifting and positioning devices
  - ❑ Dietary supplementation

- **EDUCATION**
  - ❑ Education on prevention and treatment of skin integrity upon orientation
  - ❑ At least yearly
    - Prevention of pressure ulcers
    - Assessment and documentation of pressure ulcers
    - Treatment modalities for pressure ulcers
    - Assessment and treatment of lower extremity ulcers (arterial, venous and peripheral neuropathy/diabetic)

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