

N-06 Skin Integrity Assessment

Purpose: To identify risks for developing compromised skin integrity and maintain intact skin for the residents.

AKPH caregivers inspect and evaluate residents' skin while giving care.

Skin integrity assessment is conducted and documented in the resident's medical record.

Assessment tools available include The Braden Scale and the MDS 3.0, Section M.

Daily inspection of skin integrity:

AKPH caregivers inspect resident's skin each shift when giving care.

Caregivers give special attention to bony prominences and areas.

New conditions that require immediate report to a licensed nurse:

- Bruises
- Rashes
- Swelling
- Redness
- Skin tears
- Scratches
- Repeated itching
- Discoloration
- Trauma

QAT (quality assurance tool) report is completed if indicated.

Interventions to maintain integrity for residents at risk for skin breakdown:

- Maintain clean skin and use moisturizer to keep skin pliable and supple.
- Use barrier cream or ointment to protect skin from excess moisture due to incontinence or perspiration.
- Maintain clean linen which is dry and wrinkle-free.
- Avoid friction or massage over bony prominences or reddened areas.
- Minimize environmental factors that lead to drying of skin, such as low humidity and exposure to cold.
- Encourage adequate nutrition and hydration.
- Establish a turning schedule with position changes every two hours to relieve pressure.
- Determine the need for pressure relieving devices.
- Maintain proper body positioning.
- Maintain head of bed below 30 degrees to minimize shearing, except if (1) ordered by the physician, or (2) when eating or drinking.