Skin Lesions Template

The next template which is unique to the Nursing Home Suite of Templates is Skin Lesions. The full name of the template is "**Clinically Unavoidable Skin Lesions**."
Skin lesions are common in long-term care facilities, and often are unavoidable. This template helps identify the patients who are at risk of unavoidable skin lesions.

The template is organized into three vertical sections.

The left-hand section has two columns.

Risk Factors – 22 conditions are listed which contribute to the patient's being at risk for "Clinically Unavoidable Skin Lesions." These should be reviewed and any risk factors which apply to the patient should be documented by checking the box next to it. These are in demographic fields, which means that once they are checked, they remain checked in subsequent visits until they are unchecked.

Laboratory Results –

There are six laboratory results here which impact the ability of the patient to heal wounds and/or which indicate the presence of chronic malnutrition which would prevent wound healing. There is a button entitled **Check for New Lab** which allows you to import the most recent lab values on this patient. Additional information on the patient's nutritional status can be found on the Nutrition Template. To learn more about the Nutrition template, visit the Nutrition tutor. To

review the tests necessary to evaluate the patient's nutritional status, see the **Lab Charge Posting** template

Clinically Unavoidable Skin Lesions

Risk Factors

- Severe COPD
- Diabetes
- Severe PVD
- Chr. Bowel Inc.
- Chr. Urinary Inc.
- Paraplegia
- HOB Increase
- Quadraplegia
- Sepsis
- Terminal Cancer
- Chr. ESRD
- Unable to turn and position
- Chr. ES Liver DX.
- Chr. ES Heart DX.
- Immunosuppresion
- Full Body Cast
- Steroid Therapy
- Radiation Therapy
- Renal Dialysis
- Terminal Illness
- Bed Bound
- Comatose/Semicomatose due to medical condition

Skin Condition

- Poor skin turgor
- Muscle wasting
- Cachexia
- Calf tenderness
- Bilateral edema
- Reduced urinary output
- Weight loss (more than 5% in one month)
- History of healed decubitus / /
- Mobility
- Mental status

Return | Wound Protocol | Call to Family | Document

Risk Assessment

Waterlow Risk Assessment | Norton Risk Assessment | Braden Risk Assessment

Laboratory Results (* may indicate malnutrition/dehydration) Check for New Labs

MCV	/ /	Serum Transferrin	/ /	*(< 180 mg)
MCH	/ /	Serum Albumin	/ /	*(< 3.0 g/d)
Hgb	/ /	Total Protein	/ /	*(< 5.1 g/d)

Help Documents

Skin Care in Elderly Patients | Skin Integrity | Skin Care Glossary

Intervention

Skin Care

- Cleanse with Dial soap and water and rinse well
- Granules
- Panifil Ointment
- Bactoban Ointment
- TAO
- Accuzyme
- Other

Care for Dry Skin

Mobility

- Turn off affected area
- Do not get up in chair
- May be up for hours daily

Intervention ---

This section addresses 6 skin-care options and 3 Mobility options for improving skin care. However, in the presence of the above mentioned Risk Factors and in the presence of clinically unavoidable malnutrition, maintaining the integrity of the skin is not possible.

Clinically Unavoidable Skin Lesions

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Care for Dry Skin

Mobility

- Turn off affected area
- Do not get up in chair
- May be up for ____ hours daily

At the very bottom of this left-hand section is a button entitled **Care for Dry Skin**. When launched 8 options for caring for dry skin appear. There are boxes which allow the selecting of certain options which will then appear on the chart note.

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Skin Condition

- Poor skin turgor

Return

Laboratory Results (* may indicate malnutritio

MCV / /

MCH / /

Hgb / /

Intervention

Skin Care

- Cleanse with Dial soap and water
- Granules
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- TAO
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Other

Care for Dry Skin

- Do not get up in chair
- May be up for hours daily

Guides Dry Skin

Skin Care for Dry Skin

- Take fewer showers or baths (2 to 3 per week is fine). Keep them short and use warm, not hot, water
- Apply lotion over your whole body after you towel off
- Always apply lotion immediately after swimming or in a chlorinated pool or sitting spa
- Avoid saunas
- Apply lotion all over your body at bedtime
- Use soaps for designed for dry skin, such as glycering soap with cleansing cream, and rinse well
- Consider using a humidifier on cold, dry winter days
- Drink more fluids but avoid alcohol, spicy foods, and ceffeine

OK Cancel

Middle Section of Clinically Unavoidable Skin Lesions Template

Skin Condition – this provides the opportunity to document 10 skin conditions which contribute to Clinically Unavoidable Skin Lesions.

Right-hand section of Clinically Unavoidable Skin Lesions Template

NH Master – this is a navigation button back to NH Master Template

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- Weight loss (more than 5% in one month)
- History of healed decubitus / /
- Mobility
- Mental status

Return

Wound Protocol

Call to Family

Document

Risk Assessment

Waterlow Risk Assessment

Norton Risk Assessment

Braden Risk Assessment

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Help Documents

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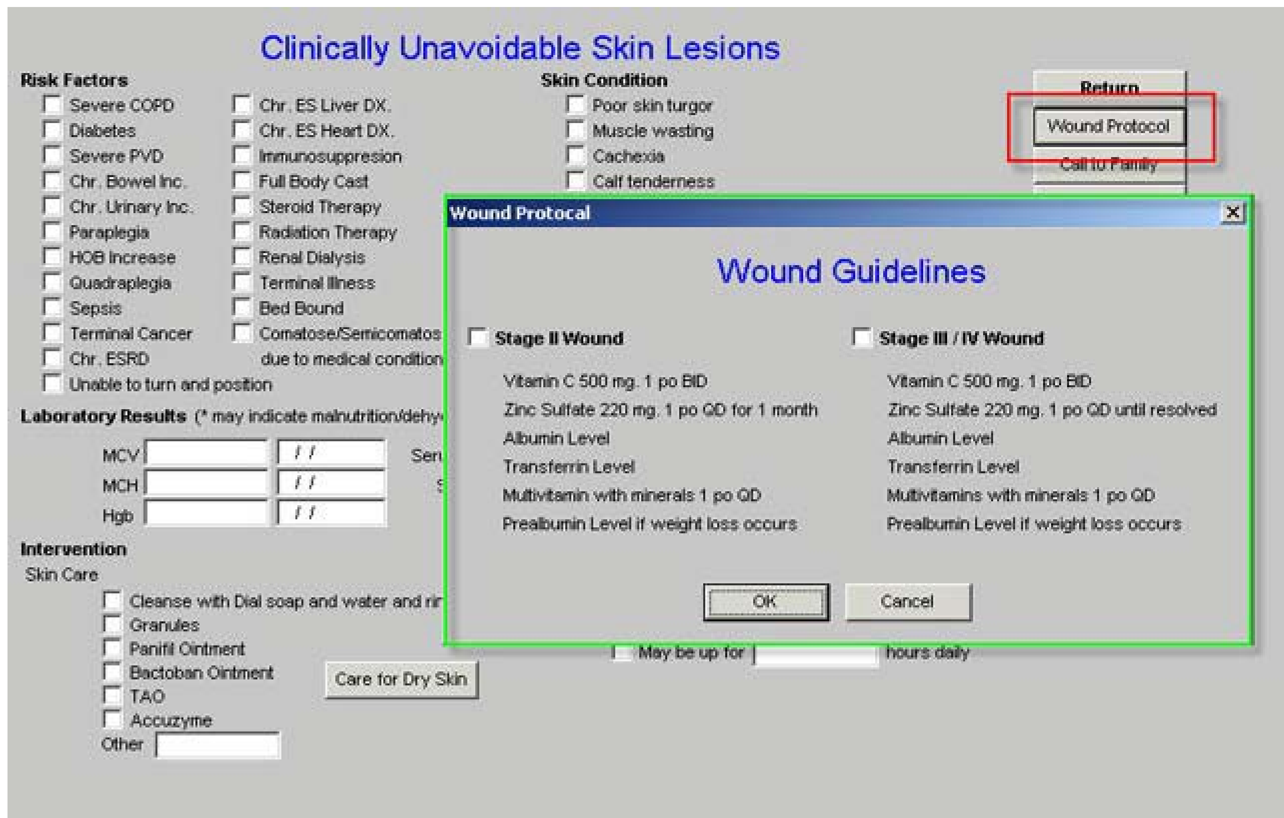
Other

Care for Dry Skin

Mobility

- Turn off affected area
- Do not get up in chair
- May be up for hours daily

Wound Protocol – this launches the Wound Protocol pop-up which gives treatment guidelines for Stage II wounds and for Stage III/IV Wounds. This is a different guideline than that for the Skin Tear Guidelines



Call to Family – this launches the Call to Family Record. For details see below.
Document – this creates a document for the chart from the evaluation of **Clinically Unavoidable Skin Lesions.**

Beneath this are two functions

Risk Assessment

- **Waterlow Risk Assessment --** this is a standardized risk assessment from 11 categories which indicates whether or not the patient has a clinically unavoidable skin lesion risk.

Waterlow Skin Lesion Prevention/Treatment Policy

Return

Build/Weight for Height
- Average
- Above Average
- Obese
- Below Average

Continence
- Complete/Catheter
- Occasional Incontinence
- Catheter/Incotinence Feces
- Doubly Incontinent

Skin Type and Visual Risk Areas
- Healthy
- Tissue Paper, Dry, Edematous, Clammy
- Discolored
- Broken

Mobility
- Fully
- Restless/Fidgety
- Apathetic
- Resticted
- Traction
- Chair-Bound

Appetite
- Average
- Poor
- NG Tube or Fluids Only
- NBM / Anorexia

Sex
- Male
- Female

Age
- 14 - 49
- 50 - 64
- 65 - 74
- 75 - 80
- > 81

Tissue Malnutrition
- Terminal Cachexia
- Cardiac Failure or Peripheral Vascular Disease
- Anemia
- Smoking

Medication
- Anti-Inflammatories, Steroids, or Cytotoxics
- None of the Above

Major Surgery/Trauma
- Orthopaedic Below Waist, Spinal
- OR > 2 Hours

Neurological Deficit
- Diabetes, CVA, MS, Paraplegia
- None of the Above

Score Assessment

Previous Results

Encounter Date:Time	Score	Assessment

- **Norton Risk Assessment –** this is the Norton Risk Assessment Clinically Unavoidable Skin Lesions which assesses the patient from 5 categories. A score is produced and indicates the patient's risk for clinically unavoidable skin lesions.

Norton Risk Assessment
Clinically Unavoidable Skin Lesions

Return

Physical Condition
- Good
- Fair
- Poor
- Bad

Mobility
- Full
- Slightly Limited
- Very Limited
- Immobile

Mental Condition
- Alert
- Apathetic
- Confused
- Stuporose

Incontinence
- Not
- Occasionally
- Usually of Urine
- Doubly

Activity
- Ambulant
- Walks with Help
- Chair-Bound
- Bed-Bound

Score

A score less than 16 indicates patient at risk.

Previous Results *A score less than 16 indicates patient at risk.*

Encounter Date:Time	Score

- **Braden Risk Assessment** – Baden Scale Clinically Unavoidable Skin Lesions. This is based on 6 categories of evaluation and gives a score which indicates whether or not the patient is susceptible to clinically unavoidable skin lesions.

Braden Scale
Clinically Unavoidable Skin Lesions

Return

Sensory Perception
- Completely Limited
- Very Limited
- Slightly Limited
- No Impairment

Mobility
- Completely Immobile
- Very Limited
- Slightly Limited
- No Limitation

Skin Moisture
- Completely Moist
- Very Moist
- Occasionally Moist
- Rarely Moist

Nutrition
- Very Poor
- Probably Inadequate
- Adequate
- Excellent

Activity
- Bedfast
- Chairfast
- Walks Occasionally
- Walks Frequently

Friction and Shear Help
- Problem
- Potential Problem
- No Apparent Problem

Score **Assessment**

Previous Results

Encounter Date:Time	Score	Assessment
12/02/2009 08:29 AM	14	The patient has a high risk for developing clinically unavoidable skin lesions.

Note: On **the Braden Assessment** there is a pop-up entitled **Friction and Shear** which expands on this risk factor.

Braden Scale
Clinically Unavoidable Skin Lesions

Return

Sensory Perception
- Completely Limited
- Very Limited
- Slightly Limited
- No Impairment

Skin Moisture
- Completely Moist
- Very Moist
- Occasionally Moist
- Rarely Moist

Activity
- Bedfast
- Chairfast
- Walks Occasionally
- Walks Frequently

Mobility
- Completely Immobile
- Very Limited
- Slightly Limited
- No Limitation

Nutrition
- Very Poor
- Probably Inadequate
- Adequate
- Excellent

Friction and Shea Help
- Problem
- Potential Problem

Score **Assessment**

Previous Results

Encounter Date:Time	Score	Assessment
12/02/2009 08:29 AM	14	The patient has

Skin Braden Fric

Friction and Shear

Problem
Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently slides down in bed or chair, requiring frequent repositioning with maximum assistance. Spasticity, contractures or agitation leads to almost constant friction.

Potential Problem
Moves feebly or requires minimum assistance. During a move skin probably slides to some extent against sheets, chair, restraints or other devices. Maintains relatively good position in chair or bed most of the time but occasionally slide down.

No Apparent Problem
Moves in bed and in chair independently and has sufficient muscle strength to lift up completely during move. Maintains good position in bed or chair.

OK Cancel

Help Documents

- **Skin Care in Elderly Patients** – this document gives more detail about skin care in the elderly.
- **Skin Integrity** – this is an excellent discussion with pictures of the integrity or lack of integrity of the skin.
- **Skin Care Glossary** – this defines 16 terms commonly used in evaluating the skin.

Clinically Unavoidable Skin Lesions

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Intervention

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- [ ] TAO
- [ ] Accuzyme

Other

Care for Dry Skin

Mobility

- [ ] Turn off affected area
- [ ] Do not get up in chair
- [ ] May be up for ____ hours daily