<table>
<tr><th colspan="2">Skin Integrity Guidelines</th></tr>
<tr><th>Risk Factors/Goals</th><th>Potential Interventions</th></tr>
<tr><td colspan="2">GOAL: Monitor the condition of skin and risk factors to ensure skin integrity</td></tr>
<tr><td></td><td>Potential Interventions:
❑ Inspect skin daily with cares (done by nursing assistants)
❑ Inspect skin weekly by licensed nurse
❑ Risk assessment per protocols
❑ Documentation of skin integrity concerns (i.e., pressure ulcer) at least weekly
❑ Weekly foot care and Podiatrist as appropriate</td></tr>
<tr><td colspan="2">GOAL: Promote circulation to tissues by reducing or eliminating pressure</td></tr>
<tr><td>Possible risk factors that decrease circulation or cause unrelieved pressure to tissues:
▪ Immobility (diagnosis that leads to immobility, such as CVA, MS, end stage Alzheimer's, etc.)
▪ Decreased sensory perception (inability to feel pressure)
▪ Cognitively impaired (inability to communicate pressure or inability to move themselves)
▪ Cardiovascular disease
▪ PVD
▪ Bed bound or chair-fast
▪ Contractures (leading to pressure points)
▪ HOB elevated the majority of the day
▪ Assist with ADL's
▪ History of pressure ulcers
▪ Restraints
▪ Pain
▪ Medications that cause lethargy
▪ Medical devices that may be a source of pressure
▪ Fractures leading to impaired mobility
▪ Smoker or history of smoking (decrease circulation to areas)
▪ Diabetes (leads to circulatory concerns,</td><td>Potential Interventions:
❑ Provide appropriate redistribution surface in the bed
❑ Provide appropriate pressure redistribution surface in the wheelchair
❑ Provide appropriate turning and repositioning schedules for when in the bed and wheelchair
❑ Provide appropriate heel lift
❑ Provide appropriate positioning devices such as pillows and foam wedges
❑ Referral to Therapy as appropriate
❑ Check and release restraints at appropriate intervals
❑ No more than 30 degree side lying or head elevation unless contraindicated
❑ Monitor and manage pain
❑ Monitor and manage diabetes as ordered
❑ Monitor steroid use and work with Physician/ NP to maintain at lowest possible dose</td></tr>
</table>

Skin Integrity Guidelines	
Risk Factors/Goals	**Potential Interventions**
neuropathy and decreased ability to heal) ▪ Steroid use (decrease ability to heal)	
GOAL: Prevent skin breakdown secondary to moisture concerns	
Possible risk factors that could contribute to excess moisture to the skin: ▪ Incontinent of bladder ▪ Incontinent of bowel ▪ Excessive perspiration	**Potential Interventions:** ❑ Barrier ointment to protect the skin from incontinence ❑ Peri care after each incontinence episode ❑ Individualized toileting plan ❑ Wash clothes or pillow cases between skin folds to pick up moisture and prevent skin to skin contact; change with AM and PM cares
GOAL: Prevent shearing or friction forces	
Possible risk factors that could lead to shear and friction forces: ▪ Sliding or slouching in the bed or wheelchair ▪ Fragile skin integrity ▪ Needing assistance with mobility ▪ Tremors ▪ Combative with cares	**Potential Interventions:** ❑ Slightly raise the foot of bed before raising the head of the bed ❑ PT/OT referral for wheelchair positioning ❑ Use lifting devices when moving residents ❑ Lift do not slide residents ❑ Provide arm or leg protectors ❑ Skin sealants or dressing to protect fragile skin ❑ Keep dry skin well lubricated ❑ Bath with mild soap, gently pat dry

Skin Integrity Guidelines

Risk Factors/Goals	Potential Interventions
GOAL: Promote proper nutrition for wound healing and prevention of skin breakdown	
Possible risk factors that could lead to nutritional deficits: ▪ Low Albumin and/or pre-albumin ▪ Inadequate intake/poor appetite ▪ Inability to feed themselves ▪ Difficulty swallowing/aspiration risk ▪ Very low or very high body weight ▪ Dehydration or history of dehydration ▪ Significant weight loss ▪ Tube feeding ▪ Diabetes	**Potential Interventions:** ❑ Dietary referral ❑ Provide supplementation per dietary recommendations ❑ Provide vitamin and mineral support per dietary recommendations ❑ Monitor in-take ❑ Monitor weights as indicated ❑ Monitor labs as appropriate ❑ Monitor/manage diabetes as ordered ❑ Individualize diet to resident preference as much as possible
GOAL: Ensure resident and family/designee have proper knowledge of prevention and treatment of skin breakdown	
	Potential Interventions: ❑ Provide education on causes of pressure ulcers and interventions to prevent or promote healing to resident and family/designee ❑ Provide risk/benefit of any interventions resident/family/designee is choosing not to follow ❑ Provide psychosocial support as appropriate

The Indiana Pressure Ulcer Initiative is a health care initiative of the Indiana State Department of Health and the University of Indianapolis Center for Aging & Community. 2009. Version: Oct. 2, 2009

Skin Integrity Guidelines	
Risk Factors/Goals	**Potential Interventions**
GOAL: To promote healing of a pressure ulcer	
	Potential Interventions: ❑ Treatment as ordered ❑ Check area daily for complications, pain and to ensure dressing intact ❑ Weekly comprehensive assessment and documentation of pressure ulcer (more frequently if there are complications) ❑ Monitor for signs and symptoms of infection ❑ Treat infection as ordered ❑ Notify the Physician/NP if wound declines or no progress in 2 weeks ❑ Notify the family/designee if wound declines or no progress in 2 weeks ❑ Re-evaluate all prior interventions and risk factors if wound declining or showing no progress