

HENNEPIN COUNTY MEDICAL CENTER  
 LEVEL 1 TRAUMA CENTER  
 Minneapolis, MN 55415

**SKIN INTEGRITY CARE PLAN  
 PREVENTION OF SKIN BREAKDOWN**

180-06535 (07/06)



Addressograph / Label

Date & Time Initiated/Initials	Date & Time Resolved/Initials	Problem	Outcomes	Interventions
		Potential for skin breakdown related to:  <input type="checkbox"/> Pressure  <input type="checkbox"/> Friction/Shear  <input type="checkbox"/> Moisture	Maintain dry, non-erythematous, intact skin	Assessment/Education/Discharge Planning (done for all patients) <ul style="list-style-type: none"> <li>■ Assessment:               <ul style="list-style-type: none"> <li>› Complete a Braden Risk Assessment</li> <li>› Assess for and maintain any co-morbidities</li> <li>› Assess for any previous wound history</li> <li>› Complete a head-to-toe skin inspection every shift</li> <li>› Assess for a prealbumin value</li> </ul> </li> <li>■ Assess nutritional needs, including:               <ul style="list-style-type: none"> <li>› Obtaining weight on admission &amp; as ordered</li> <li>› Determining BMI risk for breakdown (&gt; 30 or &lt; 19)</li> <li>› Consulting with Dietician for possible diet modifications (i.e. enteral or parenteral feedings, supplements, low sodium diet, fluid restrictions/hydration, diabetic diet, etc.)</li> <li>› Monitoring tolerance to diet modifications</li> <li>› Providing vitamin/minderal supplements (MD order needed)</li> </ul> </li> <li>■ Educate on:               <ul style="list-style-type: none"> <li>› Importance of frequent pressure shifts and positioning</li> <li>› Diet/Medications &amp; their effects with potential for breakdown or promotion of healing</li> <li>› Breakdown prevention information for any caregivers</li> </ul> </li> <li>■ Discharge Planning:               <ul style="list-style-type: none"> <li>› Evaluate home environment &amp; identify anticipated needs</li> <li>› Determine support systems/financial status &amp; identify skin care supply options/resources</li> <li>› Evaluate for appropriate discharge placement (i.e., long term care, sub-acute care, home setting)</li> </ul> </li> <li>□ Pressure:               <ul style="list-style-type: none"> <li>■ Provide proper foot care as needed</li> <li>■ Use appropriate footwear and evaluate for proper fit</li> <li>■ Initiate fall precautions as needed</li> <li>■ Manage tissue loads (positioning and support surfaces to reduce or eliminate pressure, friction and shear forces)</li> <li>■ Ambulate as tolerated</li> <li>■ Reposition at least every 2 hours and post turning schedule</li> <li>■ Avoid positioning directly on trochanter when in side-lying position; position on the side at a 30° angle with pillows supporting the back</li> <li>■ Use Z flow cushion to assist with positioning/pressure relief</li> <li>■ Do not massage bony prominences or use "donut" type devices</li> <li>■ Use pillows between knees &amp; bony prominences to avoid direct contact</li> <li>■ Consider use of specialty mattress or bed</li> <li>■ Encourage frequent, small shifts of body weight, especially when sitting</li> <li>■ Consider PT consult (MD order needed)</li> </ul> </li> </ul>

P R E V E N T - O F   S K I N   B R E A K D O W N

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180-06535 back

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				<input type="checkbox"/> Friction/Shear: <ul style="list-style-type: none"> <li>■ Manage tissue loads (positioning and support surfaces to reduce or eliminate pressure, friction and shear forces)</li> <li>■ Use equipment/assistive devices as needed for positioning to minimize friction/shear forces (i.e. EZ Lift, Hover mat, trapeze, etc.)</li> <li>■ Use proper transfer techniques</li> <li>■ Keep head of bed flat or elevated less than 30 degrees, unless medically contraindicated, <i>except</i> at mealtimes</li> <li>■ Keep linens clean, dry and wrinkle free</li> <li>■ Use a transparent dressing (i.e., tegaderm) or heel/elbow protectors on intact skin to minimize skin damage from friction</li> </ul> <input type="checkbox"/> Moisture: <ul style="list-style-type: none"> <li>■ Monitor I &amp; O</li> <li>■ Provide incontinence management (i.e., skin protection, bowel &amp; bladder program)</li> <li>■ Utilize means to protect skin &amp; contain urine and stool (i.e. skin cleansers/barriers and incontinence collection devices)</li> <li>■ Use moisturizers on dry, intact skin</li> <li>■ Provide peri care after any incontinence episode</li> <li>■ Avoid the use of hot water and use mild soap and a soft cloth for washing</li> <li>■ Use powder (being careful not to use too much to cause caking) on back and in skin folds if excessive moisture from diaphoresis</li> <li>■ If diapers must be used, leave them open to the air as much as possible</li> <li>■ Apply a condom catheter, if appropriate</li> <li>■ Consider use of a rectal tube, if appropriate</li> </ul> <input type="checkbox"/> Any additional patient specific interventions (write in):  

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