

(AT RISK) SKIN INTEGRITY AUDIT

Medical Record # _____

Date of Review _____

Diagnosis related to skin integrity _____

- 1. Pressure Ulcer Assessment completed upon admit, readmit, quarterly, annually and significant change yes_____ no_____
- 2. Were appropriate interventions added based off score of assessment yes_____ no_____
- 3. Malnutrition assessment or dietary assessment completed yes_____ no_____
- 4. Prevention surface in place (bed and chair) yes_____ no_____
- 5. Repositioning program in place yes_____ no_____
- 6. Skin barrier/lotion used with pericare yes_____ no_____
- 7. Supplements or nourishments in use yes_____ no_____
- 8. Lab ordered (albumin, H&H, WBC, electrolytes, as indicated) yes_____ no_____
- 9. Dietary consult done and recommendations followed up on yes_____ no_____
- 10. Increase frequency of weights yes_____ no_____
- 11. Weight changes monitored, followed up on yes_____ no_____
- 12. Daily inspection of skin by direct care staff yes_____ no_____
- 13. Weekly inspection of skin by bath aide or nurse yes_____ no_____
- 14. Staff aware of at risk residents yes_____ no_____
- 15. Staff aware of special needs/interventions for residents yes_____ no_____
- 16. If diabetic, blood sugar monitored and followed up on yes_____ no_____
- 17. MDS, RAPS and care plan identify risk factors and specific interventions yes_____ no_____
- 18. List all corrective action taken to address areas of concern identified through this audit _____

Signature and date completed _____

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