

(AT RISK) SKIN INTEGRITY CHART AUDIT

Medical Record # _____

Date of Review _____

Diagnosis related to skin integrity _____

- 1. Pressure Ulcer Risk Assessment completed upon admit, readmit, quarterly, and significant change yes____ no____
- 2. Appropriate interventions were added based on score of risk assessment yes____ no____
- 3. Malnutrition assessment or dietary assessment completed yes____ no____
- 4. Preventive surfaces in place (bed and chair) yes____ no____
- 5. Repositioning program in place yes____ no____
- 6. Skin barrier/lotion used with pericare (as indicated) yes____ no____
- 7. Dietary enhancements in place as indicated by dietary consult yes____ no____
- 8. Lab ordered (albumin, H&H, WBC, electrolytes, as indicated) yes____ no____
- 9. Increased frequency of weights obtained and monitored yes____ no____
- 10. If diabetic, blood sugar monitored and followed up on yes____ no____
- 11. Daily inspection of skin by direct care staff yes____ no____
- 12. Weekly inspection of skin by nurse yes____ no____
- 13. Staff aware of at risk residents yes____ no____
- 14. Staff aware of special needs/interventions for residents yes____ no____
- 15. MDS, CAAs and care plan identify risk factors and specific interventions yes____ no____
- 16. List all corrective action taken to address areas of concern identified through this audit _____

Signature and date completed _____

