

IMPAIRED SKIN INTEGRITY AUDIT

Medical Record # _____

Review date _____

Diagnosis related to skin integrity _____

- 1. Physician notified and treatment obtained yes _____ no _____
- 2. Treatment appropriate for stage of wound yes _____ no _____
- 3. Family notified yes _____ no _____
- 4. Photos taken per policy yes _____ no _____
- 5. Weekly progress report with wound description current yes _____ no _____
- 6. Healing monitored and treatment changed if non-healing after 2-4 weeks or if wound worsens yes _____ no _____
- 7. Dietary consult done and recommendations followed up on yes _____ no _____
- 8. If diabetic, blood sugars monitored and followed up on yes _____ no _____
- 9. MDS person notified yes _____ no _____
- 10. Prevention measures in place and documented prior to skin breakdown yes _____ no _____
- 11. Observe treatment procedure, universal precaution followed yes _____ no _____
- 12. Medical Director notified yes _____ no _____
- 13. MDS and RAPS identify wound yes _____ no _____
- 14. Does the care plan address :
 - impaired mobility with interventions yes _____ no _____
 - pressure relief surfaces yes _____ no _____
 - nutritional interventions yes _____ no _____
 - incontinence care yes _____ no _____
 - frequency of skin checks yes _____ no _____
 - treatment plan yes _____ no _____
 - screen for pain r/t wound and treatment yes _____ no _____
 - managing infection (dressing, assessment for) yes _____ no _____

15. List all corrective actions taken to address areas of concern identified through this audit _____

Signature and date completed _____

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