

IMPAIRED SKIN INTEGRITY CHART AUDIT

Medical Record # _____

Date of Review _____

Diagnosis related to skin integrity _____

1. Physician notified and treatment order obtained Yes___ No___
2. Treatment appropriate for stage of wound Yes___ No___
3. Family and Medical Director notified Yes___ No___
4. Photos taken per policy Yes___ No___
5. Weekly progress report with wound description and measurement current Yes___ No___
6. Treatment changed if no progress 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. MDS and CAAs identify wound Yes___ No___
12. Does the care plan address appropriate issues:

Impaired mobility, pressure relief surfaces, nutritional interventions,
incontinence care, frequency of skin checks, treatment plan, screen for pain
r/t wound and treatment, managing infection (dressing, assessment for) Yes___ No___

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

Signature and date completed _____



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