**Skin Integrity Healthcare Plan**

| **Name:** | FirstName LastName | | **Date of Birth:** | Enter DOB Here |
| --- | --- | --- | --- | --- |
| **These are my diagnoses related to skin integrity:** | | List all diagnoses or conditions that relate to skin integrity or increase my risk of skin breakdown, or indicate if there are none. | | |
| **I am allergic to these things:** | | List all known allergies and sensitivities, or indicate if there are none. | | |
| **The goal of this Healthcare Plan is:** | | I will remain free of skin breakdown for the duration of the ISP year.  Describe any other goal related to managing my skin integrity. | | |
| **Progress in the past year:** | | Describe the status of my skin integrity over the past year, including any skin breakdown. | | |
| **These are things about me that make my risk for skin breakdown high:** | | I use a wheelchair for mobility.  I cannot transfer without assistance.  I cannot reposition my body without assistance.  I am incontinent of bladder.  I am incontinent of bowel.  I often have pressure on my describe area of body which can cause my skin to breakdown.  I use equipment that causes pressure, such as wheelchair or AFOs.  I rely on my supporters to help me maintain my personal hygiene.  I pick at my skin.  Describe any other things about me that increase my risk for skin breakdown. | | |
| **These are medical diagnoses or conditions that impact the health of my skin:** | | I have diabetes.  I have a circulation disorder.  I have a condition that causes me to lose sensation or have tingling in parts of my body (neuropathy).  I have eczema.  I have psoriasis.  I have allergies or sensitivities that result in rash or sores on my skin.  I am obese.  I am underweight.  I am frequently dehydrated.  I sometimes have constipation and/or bowel obstruction.  I have had surgery and have a healing surgical site.  I have edema.  I have chronic dry skin.  Describe any other diagnoses or conditions that place me at a higher risk for skin breakdown. | | |
| **When I have had skin breakdown in the past, this is what it looked like:** | | I had discolored skin or reddened area. describe area and location on body  I had a dark scab. describe area and location on body  I had an open area on my skin with clear or yellow drainage. describe area and location on body  I had a reddened area on my skin which appears swollen and/or feels warm to touch. describe area and location on body  My skin felt uncharacteristically firm. describe area and location on body  An area of my skin felt warmer or cooler than the surrounding skin. describe area and location on body  I had a hard black area over a place where my bone is near the surface of the skin, such as my heel, elbow or tail bone. describe area and location on body  My skin felt boggy, or “squishy”. describe area and location on body  I have not had significant skin breakdown in the past, but am at risk and needs careful support.  Describe any other signs of skin breakdown that I have experienced or that are unique to me. | | |
| **These are the things I rely on supporters to help me with so that my skin can be as healthy as possible.** | | Observe my skin when you are helping me with personal care. Document and report to the nurse any redness, sore, or injury you notice.  Review skin condition documentation completed by other supporters to help you notice any change in skin breakdown or injury that has already been documented and reported.  Complete skin care routine according to orders and training.  Make sure that I receive any topical medications (medications that go on my skin) on time and as ordered.  Follow my positioning schedule and make sure I am repositioned at least every two hours.  When helping me transfer from surface to surface (such as wheelchair to bed), follow the transfer guidelines and training.  Make sure I drink enough water.  Make sure I eat healthy, well-balanced meals.  Support me in staying as physically active as possible during the day.  Follow my behavior support plan to help me reduce indents of injury to my skin because of skin picking.  Describe any other things supporters should do to help me maintain the health of my skin. | | |
| **Documentation:** | | Describe the things that supporters should write down and where they should write them down. | | |
| **Nursing Intervention:** | | Describe those things that must be done by the nurse relative to skin integrity, including those non-delegable duties listed in O.C.G.A. § 43-26-32 or HRST Q Score. | | |

**Signature of RN:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

RN Typed Name and Agency

This healthcare plan is reviewed at least annually and promptly revised as my diagnosis/risk status changes.

**Review date: \_\_\_\_\_\_\_\_ Reviewed by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Plan revision required?** Yes No

RN Typed Name and Agency

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