**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

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