

# CHECKLIST OF SKIN RISK FACTORS & INTERVENTIONS

**To be used as a guide to identify risk factors and appropriate interventions. Should be done in conjunction with the Braden**

RISK FACTORS	INTERVENTIONS
<p><b>Overall Braden Risk score of:</b> _____</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Scored 3 or lower in Sensory Perception</li> <li><input type="checkbox"/> Scored 3 or lower in Moisture                             <ul style="list-style-type: none"> <li><input type="checkbox"/> Incontinent of Bowel</li> <li><input type="checkbox"/> Incontinent of Bladder</li> </ul> </li> <li><input type="checkbox"/> Scored 3 or lower in Activity                             <ul style="list-style-type: none"> <li><input type="checkbox"/> Bedfast</li> <li><input type="checkbox"/> Chairfast</li> </ul> </li> <li><input type="checkbox"/> Scored 2 or lower in Mobility</li> <li><input type="checkbox"/> Scored 2 or lower in Nutrition</li> <li><input type="checkbox"/> Scored 2 or lower in Friction &amp; Shear</li> </ul> <p><b>OTHER RISK FACTORS:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Cognitively impaired</li> <li><input type="checkbox"/> Contractures of: _____</li> <li><input type="checkbox"/> HOB elevated majority of day</li> <li><input type="checkbox"/> Assists with ADLS</li> <li><input type="checkbox"/> Low Albumin or Pre-albumin level (circle)</li> <li><input type="checkbox"/> Poor skin turgor</li> <li><input type="checkbox"/> Non-compliance</li> <li><input type="checkbox"/> Restraint use</li> <li><input type="checkbox"/> Pain</li> <li><input type="checkbox"/> Psychotropic drug use</li> <li><input type="checkbox"/> Steroid, chemo, or radiation therapy</li> <li><input type="checkbox"/> Contributing Diagnosis of:                             <ul style="list-style-type: none"> <li><input type="checkbox"/> Cardiovascular Disease</li> <li><input type="checkbox"/> PVD</li> <li><input type="checkbox"/> Pulmonary Disease</li> <li><input type="checkbox"/> Diabetic</li> <li><input type="checkbox"/> CVA</li> <li><input type="checkbox"/> Paraplegia or Quadriplegia (circle)</li> <li><input type="checkbox"/> Terminal Cancer</li> <li><input type="checkbox"/> Chronic/end stage renal, liver or heart disease (circle)</li> <li><input type="checkbox"/> Immunosuppression</li> <li><input type="checkbox"/> Fracture</li> <li><input type="checkbox"/> Hx of Pressure Ulcers</li> <li><input type="checkbox"/> Cognitive Impairment (Alzheimer's, Dementia)</li> <li><input type="checkbox"/> Parkinson's</li> <li><input type="checkbox"/> Other Diagnosis:</li> </ul> </li> <li><input type="checkbox"/> <b>OTHER RISK FACTORS:</b></li> <li><input type="checkbox"/> <b>*Resident has actual open area (describe type and location):</b>                              _____                              _____</li> </ul> <p><b>LOWER EXTREMITY CONCERNS:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> <b>S/S of Arterial Disease (PVD):</b> Circle those that apply: no pedal pulse; cold extremity; thin, shiny, taut skin; lack of hair to extremity, complaints of lower extremity pain with exercise or when lying in bed. Other:                              _____</li> <li><input type="checkbox"/> <b>S/S of Venous Insufficiency (Stasis):</b> Circle those that apply: edema, brown discoloration of lower extremities, history of cellulitis.</li> <li><input type="checkbox"/> Other:                              _____</li> <li><input type="checkbox"/> <b>S/S of Neuropathy:</b> Circle those that apply: loss of sensation to lower extremity, foot deformities. Other:                              _____</li> </ul>	<p><b>BRADEN ASSESSMENT INTERVENTIONS:</b></p> <p><b>Sensory Perception Concerns:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Pad, protect and/or apply skin prep to fragile skin</li> <li><input type="checkbox"/> Position body with pillows/support devices, protect bony prominences</li> </ul> <p><b>Moisture Concerns:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> B &amp; B program</li> <li><input type="checkbox"/> 4x4's/wash clothes in-between skin folds and/or corn starch to wick up moisture</li> <li><input type="checkbox"/> Keep skin clean and dry</li> <li><input type="checkbox"/> Peri care after each incontinent episode</li> <li><input type="checkbox"/> Barrier cream to areas exposed to moisture/incontinence</li> <li><input type="checkbox"/> Foley catheter to prevent maceration</li> <li><input type="checkbox"/> Fecal tube/pouch to prevent maceration</li> </ul> <p><b>Activity and/or Mobility Concerns:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Turn and reposition q_____</li> <li><input type="checkbox"/> Encourage mobility and ambulation</li> <li><input type="checkbox"/> Pressure reduction support surface in bed, type &amp; date applied: _____</li> <li><input type="checkbox"/> Pressure reduction sitting/wheelchair surface, type &amp; date applied: _____</li> <li><input type="checkbox"/> Elevate heels off the bed</li> <li><input type="checkbox"/> PT/OT referral</li> <li><input type="checkbox"/> Check restraints q30min, release q_____</li> </ul> <p><b>Nutritional Concerns:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Dietary referral</li> <li><input type="checkbox"/> Provide supplements, calories, and vitamins as ordered (circle)</li> <li><input type="checkbox"/> Monitor labs, weight, and/or intake (circle)</li> </ul> <p><b>Friction &amp; Shear Concerns:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Keep linen dry &amp; wrinkle free</li> <li><input type="checkbox"/> Knee gatch bed before raising head of bed</li> <li><input type="checkbox"/> Lift do not slide resident/use assistive devices to decrease friction</li> </ul> <p><b>OTHER INTERVENTIONS FOR RISK FACTORS NOT ON BRADEN:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Inspect skin daily</li> <li><input type="checkbox"/> Weekly skin assessment by Licensed Staff</li> <li><input type="checkbox"/> Moisturize dry skin</li> <li><input type="checkbox"/> Bathe with mild soap, gently dry</li> <li><input type="checkbox"/> No more than 30° side lying positioning and/or head elevation in bed (unless contraindicated)</li> <li><input type="checkbox"/> Psychosocial support as appropriate</li> <li><input type="checkbox"/> Risk assessment per protocol</li> <li><input type="checkbox"/> Monitor pain and administer pain medications/treatments as ordered</li> <li><input type="checkbox"/> Podiatrist as appropriate</li> <li><input type="checkbox"/> Wound care consultation as ordered</li> <li><input type="checkbox"/> Monitor/manage Diabetes                             <ul style="list-style-type: none"> <li><input type="checkbox"/> Assess lower extremity for arterial insufficiency and/or neuropathy</li> <li><input type="checkbox"/> Appropriate foot and nail care</li> </ul> </li> <li><input type="checkbox"/> Involve/educate resident and/or family members</li> </ul> <p><b>LOWER EXTREMITY CONCERNS:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> <b>Arterial Insufficiency (PVD)</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Optimize blood flow to extremity, keep legs in neutral position</li> <li><input type="checkbox"/> Revascularization if possible</li> <li><input type="checkbox"/> Medications to improve RBC transit through narrowed vessels</li> <li><input type="checkbox"/> Prevent trauma, proper fitting footwear, pressure reduction to heels</li> <li><input type="checkbox"/> Encourage lifestyle changes (cessation of smoking, caffeine)</li> <li><input type="checkbox"/> Hydration</li> </ul> </li> <li><input type="checkbox"/> <b>Venous Insufficiency (stasis)</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Optimize venous return, compression therapy and leg elevation</li> <li><input type="checkbox"/> Lubricate dry skin</li> <li><input type="checkbox"/> Ambulate to tolerance</li> </ul> </li> <li><input type="checkbox"/> <b>Neuropathy/Diabetic Wounds</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Prevent trauma, proper fitting footwear, pressure relief to heels</li> <li><input type="checkbox"/> Optimize blood flow to extremity, keep legs in neutral position</li> <li><input type="checkbox"/> Tight glucose control</li> </ul> </li> </ul>

\*If Resident has actual open area(s) add to care plan Interventions as appropriate: TX as ordered, Monitor for s/s of Infection, Tx infection as ordered, Weekly wound progress assessment/documentation.