

# Skin Integrity: Ulcer Prevention and Managing Skin Integrity

## **POLICY:**

### **PERSONAL INVOLVED**

- School Nurse
- Designated School Personnel under direct or indirect supervision
- School Nurse as procedural supervision

### **GENERAL INFORMATION**

- Specialized health care team will assess and manage skin integrity for all students on a daily basis. Students and families are to be encouraged by care providers to participate to the extent possible in the care and prevention of skin breakdown.
- Risk for pressure ulcer development will be evaluated daily and as needed for all students using a Body Check sheet.
- Skin assessments will be done more often when the student's condition warrants an assessment that is more frequent.

### **PURPOSE:**

- To maintain the integrity of students' skin, a significant factor in health.
- To minimize the risks and prevent the occurrence of skin breakdown.
- To provide for early detection and intervention of all breakdown
- To promote prompt evaluation and intervention of any changes in skin integrity

### **OPERATIONAL DEFINITIONS**

- Skin assessment: identification of the potential risk that a student will develop skin breakdown as the result of pressure to a bony prominence or body part impacted by equipment.
- Skin Inspection: the head to toe evaluation of bony prominences and skin folds / creases when prolonged pressure may result in skin breakdown.
- Interventions: the steps taken by care providers to increase monitoring, reduce or alleviate pressure, redistribute weight, and / or eliminate friction and shear to mitigate or eliminate the risk of skin breakdown.

### **PROCESS:**

#### Skin Assessment:

- Skin Inspection will be performed on students' daily
- Findings will be documented on the appropriate documentation.
- Pressure reduction interventions, based on the students skin assessment implemented by school staff and documented in the student's medical record.
- The focus of the examination will be on the skin over the bony prominences and in skin fold/creases. Findings will be documented in the patient medical record (paper or electronic).

- Skin care interventions will be implemented when appropriate and documented on the appropriate form.
- Communication to the students' caregivers of a skin breakdown is essential. The school nurse will be consulted as needed based on student's skin condition and provider order.

### **CARE AND INSTRUCTIONS**

The care and intervention for any identified skin breakdown or wound will be aimed at prevention of any further advancement of the wound, or additional skin breakdown

- Implementation of appropriate evidence-based care indicated for the problem identified
- Collaboration with the interdependent and interdisciplinary health care teams regarding the presence of breakdown and the intervention plan
- Close monitoring of the response to treatment
- Referral to additional resources when indicated – Students MD, Registered Dietician , Physical Therapist, Occupational Therapist

### **EVALUATION OF THE PLAN OF CARE WILL INCLUDE:**

- Provisions for changes in the plan if progress toward expected outcomes are not evident
- Review during care management if indicated
- Clear communication of progress to the rest of the specialized health care team

### **DOCUMENTATION**

- Skin Integrity and/or conditions affecting the student's skin must be documented according to established procedures.
- The presence of skin breakdown/abnormal skin appearance, i.e. abrasion, blister, bruising - due to pressure, burn, denuded, erythema, hematoma, laceration, rash, skin tear and wound, will be documented.
- Documentation must continue until skin condition is healed.