

McLaren Print System Order

Order No: 73158
 Order Date: 2022-10-25
 User: Graphics Dept
 Phone: 810-342-1066

Ship Location: McLaren Health Plan (for MDWsie)
 G-3245 Beecher Road
 Flint, MI 48532

Brochures
 Quantity: 20
 Paragon Dept No: 17805
 Dept Name: McLaren Health Plan
 Company Number: 60

Order Total Price: 50.00

Item Number: M-1513
 Item Description: Skin Integrity Decision Tree - CLING
 Revision Date: 10/2022
 Print:
 Paper:
 Size:
 Fold:
 Finish:
 Drill:
 Poster:
 Misc Info: cling, 8.5x11, ss, no bleed, color

SKIN INTEGRITY DECISION TREE

PATIENT ADMITTED TO McLAREN FLINT

RN to complete Skin assessment and Braden assessment upon admission

| SCORE >18 WITHOUT WOUND | SCORE >18 WITH WOUND | SCORE <18 WITHOUT WOUND | SCORE <18 WITH WOUND |
|--|--|--|--|
| <ul style="list-style-type: none"> ■ Skin assessment every 12 hours ■ Braden assessment every 12 hours | <ul style="list-style-type: none"> ■ Skin assessment every 12 hours ■ Braden assessment every 12 hours ■ Wound assessment with each dressing change – Measure wounds upon identification and weekly on Wednesday ■ Treatment – Follow Instructions in Wound Care Manual ■ If incontinent, apply barrier cream/wipe ■ If albumin <3.0, order dietary eval ■ Initiate Skin Integrity IPOC <ul style="list-style-type: none"> – Document on IPOC q shift – Document patient/family education q shift | <ul style="list-style-type: none"> ■ Skin assessment every 12 hours ■ Braden assessment every 12 hours ■ Place patient on support surface mattress/bed ■ Every two hours TURNING if patient is unable to reposition self ■ If incontinent, apply barrier cream/wipe ■ If albumin <3.0, order dietary eval ■ Consider heel elevation boots and document ■ Place sacral foam dressing on sacrum and document | <ul style="list-style-type: none"> ■ Skin assessment every 12 hours ■ Braden assessment every 12 hours ■ Place patient on support surface mattress/bed ■ Every two hours TURNING if patient is unable to reposition self ■ Wound assessment with each dressing change – Measure wounds upon identification and weekly on Wednesday ■ Treatment – Follow Instructions in Wound Care Manual ■ If incontinent, apply barrier cream/wipe ■ If albumin <3.0, order dietary eval ■ Initiate Skin Integrity IPOC <ul style="list-style-type: none"> – Document on IPOC q shift – Document patient/family education q shift ■ Consider heel offloading boots and document ■ Place sacral foam dressing on sacrum if no sacral wound present and document |

Spec Info: