

McLaren Print System Order

Order No: 73688
 Order Date: 2022-11-16
 User: Valmerice Davis
 Phone: 810-342-2203

Ship Location: **MCLAREN FLINT**
 401 SOUTH BALLENGER HWY
 FLINT , MI 48532

Brochures
 Quantity: 20
 Paragon Dept No: 23012
 Dept Name: PLEASE DELIVER TO 2CENTRAL
 Company Number: 60

Order Total Price: 3.96

Item Number: M-1513
 Item Description: Skin Integrity Decision Tree - FLYER
 Revision Date: 10/2022
 Print:
 Paper:
 Size:
 Fold:
 Finish:
 Drill:
 Poster:
 Misc Info: 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

Appendix B Revised Dec. 2016, revised 8/22, revised 8/22 Dec. 8/22 Mar M 1513 10/22

Spec Info: