

## McLaren Print System Order

Order No: 80819  
 Order Date: 2023-10-31  
 User: Eric Crenshaw  
 Phone: 8103425125

Ship Location: McLaren Flint - ATTN: Eric Crenshaw  
 401 S. Ballenger Hwy.  
 Flint, 48532

Brochures  
 Quantity: 10  
 Paragon Dept No: 30170  
 Dept Name: 10 South  
 Company Number: 60

Order Total Price: 25.00

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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
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| <ul style="list-style-type: none"> <li>■ Skin assessment every 12 hours</li> <li>■ Braden assessment every 12 hours</li> </ul> | <ul style="list-style-type: none"> <li>■ Skin assessment every 12 hours</li> <li>■ Braden assessment every 12 hours</li> <li>■ Wound assessment with each dressing change – Measure wounds upon identification and weekly on Wednesday</li> <li>■ Treatment – Follow Instructions in Wound Care Manual</li> <li>■ If incontinent, apply barrier cream/wipe</li> <li>■ If albumin &lt;3.0, order dietary eval</li> <li>■ Initiate Skin Integrity IPOC                             <ul style="list-style-type: none"> <li>– Document on IPOC q shift</li> <li>– Document patient/family education q shift</li> </ul> </li> </ul> | <ul style="list-style-type: none"> <li>■ Skin assessment every 12 hours</li> <li>■ Braden assessment every 12 hours</li> <li>■ Place patient on support surface mattress/bed</li> <li>■ Every two hours <b>TURNING</b> if patient is unable to reposition self</li> <li>■ If incontinent, apply barrier cream/wipe</li> <li>■ If albumin &lt;3.0, order dietary eval</li> <li>■ Consider heel elevation boots and document</li> <li>■ Place sacral foam dressing on sacrum and document</li> </ul> | <ul style="list-style-type: none"> <li>■ Skin assessment every 12 hours</li> <li>■ Braden assessment every 12 hours</li> <li>■ Place patient on support surface mattress/bed</li> <li>■ Every two hours <b>TURNING</b> if patient is unable to reposition self</li> <li>■ Wound assessment with each dressing change – Measure wounds upon identification and weekly on Wednesday</li> <li>■ Treatment – Follow Instructions in Wound Care Manual</li> <li>■ If incontinent, apply barrier cream/wipe</li> <li>■ If albumin &lt;3.0, order dietary eval</li> <li>■ Initiate Skin Integrity IPOC                             <ul style="list-style-type: none"> <li>– Document on IPOC q shift</li> <li>– Document patient/family education q shift</li> </ul> </li> <li>■ Consider heel offloading boots and document</li> <li>■ Place sacral foam dressing on sacrum if no sacral wound present and document</li> </ul> |

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

Spec Info: