
Initial assessment of the
resident is the
starting point in preparing to
treat
and manage an individual
being **rated at risk** or **has
pressure breakdown.**

The Facility must become a
pressure detective!
Find the pressure **BEFORE**
it finds the resident.

Dr. Margaret Doucette, 2006



Tip: A complete admission assessment presents a picture of the patient at admission, the characteristics of any existing skin breakdown and any skin abnormalities, and his or her current treatment.



Goal - is to optimize the environment for healing by providing adequate nutrients to fuel healing and maintain body weight or correct body weight.

Individualized adequate Nutrition Plans of Care are mandated! Skin must have adequate nutrients and fluids for maintenance and healing.

Janet McCox, MS, RD, LD

SKIN BREAKDOWN AND PREVENTION IS A COMPLEX PROCESS

Tip: If the base of the wound, the true depth cannot be determined, the area cannot be staged.

Undermining, or rimming, may be found along the edges of the wound, which indicates tissue destruction around a wound's edges. It results in a wound bed that extends under intact skin.

The initial assessment takes into account the immediate and emerging needs, and considers all comorbid conditions. It helps staff determine the components of the individualized care plan and establishes the necessary interventions and goals for the particular individual.

Tip: Obese (people of size) individuals are prone to pressure ulcers related to unknown pressure distribution patterns and may develop pressure ulcers in abnormal areas (e.g., under the abdominal apron, under the breasts, between the fat rolls of the abdomen, sides, back, and between the buttocks) because of the weight of the skin.

Tip: Measurements are recorded in centimeters. The conversion equation is 2.54 cm equals 1 inch. Tape measurements or tracings are most often used to measure wound size. Both measuring and tracing methods have advantages and disadvantages and their accuracy depends largely on the ability of the individual doing the measuring.

Tip: The key to preventing pressure ulcers is to promptly identify at-risk individuals so preventive measures may occur.

Tip: Fecal incontinence provides an environment where physical and chemical trauma compromise tissue integrity and increase the chance of developing reddened, excoriated skin.