

NAME _____

Risk for Impaired Skin Integrity (Pressure Sores/Ulcers/Bed Sores/Decubitus)

Date	Problem	Goal/Outcome	Interventions	Date	Evaluation	NOTES
	Related To: <input type="checkbox"/> Current decubitus _____ (location & stage) <input type="checkbox"/> Immobility <input type="checkbox"/> Incontinence <input type="checkbox"/> vascular insufficiency <input type="checkbox"/> Altered sensation <input type="checkbox"/> Other AEB: <input type="checkbox"/> break in skin <input type="checkbox"/> wheel chair/bed bound <input type="checkbox"/> Diagnosis of Diabetes <input type="checkbox"/> Incontinent of urine/bowel <input type="checkbox"/> Hx of radiation <input type="checkbox"/> Overweight <input type="checkbox"/> Poor circulation <input type="checkbox"/> Other	1. Skin intact	NURSING 1. Assess skin _____ (freq) 2. Assess awareness of sensation of pressure 3. Assess ability to move 4. Assess bowel/bladder control 5. Post turning schedule as appropriate 6. Encourage use of pressure relieving devices as appropriate 7. Keep skin clean, dry and moisturize skin as appropriate 8. Encourage adequate nutrition and hydration DELEGATE 1. Monitor skin daily 2. Assist with position changing as directed 3. Keep skin clean, dry and moisturize skin as directed 4. Use pressure relieving devices as directed		<i>(Address all items circled in "goal/outcome" column. If goal not met, revise plan)</i>	

NDP 20o
July 2018

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			5. Monitor I & O 6. Assist with meds as directed 7. Notify MAS Nurse of any changes/signs of infection			
RN SIGNATURE:				DATE:		