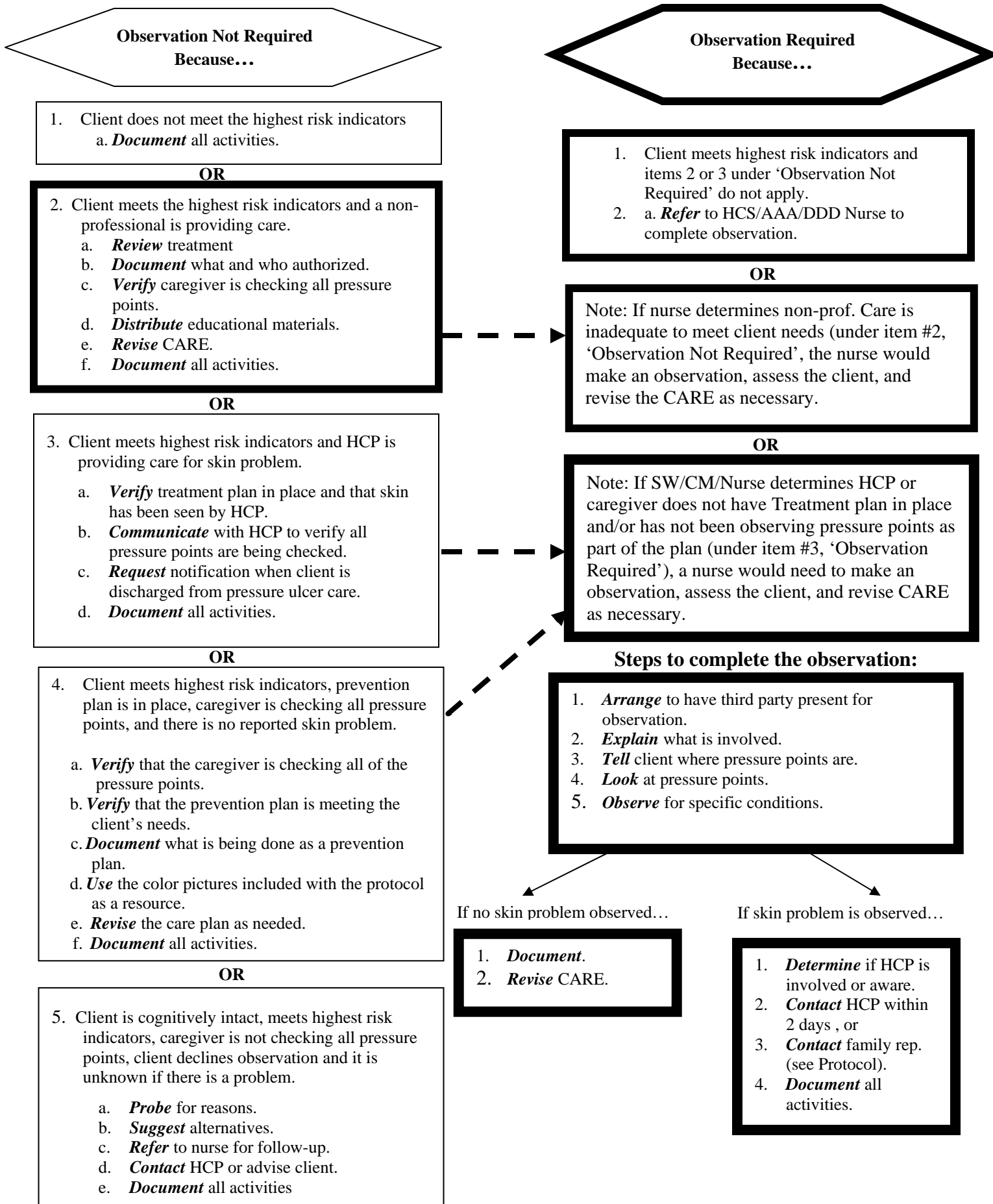


# SKIN OBSERVATION PROTOCOL FLOW CHART

This flow chart does not apply to clients in immediate danger: appropriate emergency action (911, APS, MH. Crisis, etc.) should be taken for clients in immediate danger per usual policies/procedures.



## Observation Not Required Because...

1. Client does not meet the highest risk indicators
  - a. **Document** all activities.

OR

2. Client meets the highest risk indicators and a non-professional is providing care.
  - a. **Review** treatment
  - b. **Document** what and who authorized.
  - c. **Verify** caregiver is checking all pressure points.
  - d. **Distribute** educational materials.
  - e. **Revise** CARE.
  - f. **Document** all activities.

OR

3. Client meets highest risk indicators and HCP is providing care for skin problem.
  - a. **Verify** treatment plan in place and that skin has been seen by HCP.
  - b. **Communicate** with HCP to verify all pressure points are being checked.
  - c. **Request** notification when client is discharged from pressure ulcer care.
  - d. **Document** all activities.

OR

4. Client meets highest risk indicators, prevention plan is in place, caregiver is checking all pressure points, and there is no reported skin problem.
  - a. **Verify** that the caregiver is checking all of the pressure points.
  - b. **Verify** that the prevention plan is meeting the client's needs.
  - c. **Document** what is being done as a prevention plan.
  - d. **Use** the color pictures included with the protocol as a resource.
  - e. **Revise** the care plan as needed.
  - f. **Document** all activities.

OR

5. Client is cognitively intact, meets highest risk indicators, caregiver is not checking all pressure points, client declines observation and it is unknown if there is a problem.
  - a. **Probe** for reasons.
  - b. **Suggest** alternatives.
  - c. **Refer** to nurse for follow-up.
  - d. **Contact** HCP or advise client.
  - e. **Document** all activities

## Observation Required Because...

1. Client meets highest risk indicators and items 2 or 3 under 'Observation Not Required' do not apply.
2.
  - a. **Refer** to HCS/AAA/DDD Nurse to complete observation.

OR

Note: If nurse determines non-prof. Care is inadequate to meet client needs (under item #2, 'Observation Not Required', the nurse would make an observation, assess the client, and revise the CARE as necessary.

OR

Note: If SW/CM/Nurse determines HCP or caregiver does not have Treatment plan in place and/or has not been observing pressure points as part of the plan (under item #3, 'Observation Required'), a nurse would need to make an observation, assess the client, and revise CARE as necessary.

### Steps to complete the observation:

1. **Arrange** to have third party present for observation.
2. **Explain** what is involved.
3. **Tell** client where pressure points are.
4. **Look** at pressure points.
5. **Observe** for specific conditions.

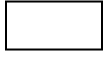
If no skin problem observed...

1. **Document.**
2. **Revise** CARE.

If skin problem is observed...

1. **Determine** if HCP is involved or aware.
2. **Contact** HCP within 2 days, or
3. **Contact** family rep. (see Protocol).
4. **Document** all activities.

KEY:



= No nurse involvement required;  
nurse may be consulted.



= Nurse involvement required.

The Skin Observation Protocol in the Nursing Services Chapter has specific Case Manager/Social Worker and nursing activities and interventions dependent on the client situation and whether observation is required or not required. This flow chart provides a quick guide for staff to reference; however, the protocol must be referenced for more specific assignment of responsibilities and response/reporting timelines.

Note: While SW/CMs are not required to perform skin observations, nothing in this Protocol precludes them from observing skin and describing findings as long as nurse involvement also occurs according to the protocol.

**Skin Observation may be delayed because...**

**1. Situation is unsafe and personal safety of nurse may be at risk due to:**

- a. Threatening animals.
- b. Sexually inappropriate behavior.
- c. Threatening behaviors.

OR

**2. Unable to observe because:**

- a. **Soiling or unhygienic conditions and no caregiver present to assist or;**
- b. **Client's physical condition makes it physically very difficult to observe skin;**
- c. **Client refuses to allow observation.**
  - i. *Anticipate* barriers as much as possible and make arrangements.
  - ii. *Discuss* other resources or approaches with supervisor within 1 working day.
  - iii. *Reschedule* observation within 2 working days.
  - iv. *Follow* usual CM timeframes per LTC manual.
  - v. *Refer* to APS if appropriate.
  - vi. *Document* all activities.

OR

**3. Client is cognitively intact, declines observation and there is evidence of negative skin outcome.**

- a. *Call 911* if emergency.
- b. *Identify* someone else to observe.
- c. *Refer* to home health or other HCP.
- d. *Verify* and document that observation was done.
- e. *Collect* collateral information.
- f. *Educate* caregiver using CARE prevention plans.
- g. *Refer* to APS or CRU as appropriate.
- h. *Refer* immediately to nurse resource.
- i. *Explore* other appropriate services.
- j. *Discuss.*
- k. *Document* all activities.
- l. *Incorporate* Challenging Cases protocols.

OR

**4. Client is cognitively impaired and meets highest risk indicators and declines observation once or mildly objects to observation**

- a. *Request* permission a second time.
- b. *Be sure* that client understands as much as possible your request.
- c. *Document* all activities.

**OR**

**5. Client is cognitively impaired, meets highest risk indicators, consistently refuses; and skin condition over pressure points is unknown. Client has unreliable provider and won't let anyone else in and/or refuses services to skin integrity over pressure points.**

- a. *Refer* and consult with other services.
- b. *Probe* to understand basis of refusal.
- c. *Refer* to APS if appropriate.
- d. *Incorporate* challenging cases protocols.
- e. *Refer* for guardianship.
- f. *Refer* to 911, ER, or CDMHPs if appropriate for involuntary treatment.
- g. *Document* all activities.

**OR**

**6. Client meets highest risk indicators but observation not completed due to culture or gender.**

- a. *Consult* with supervisor.
- b. *Document* all activities.