

4. Skin			PATIENT SECTION	GP/NURSE SECTION
<p>4.1 Have you had any pressure areas (PA) in the <i>past</i>? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please describe location⁸ (where), when it occurred, how long it took to heal and how it was managed.</p>				
<p>Where PA occurred When it occurred Time taken to heal</p>				
<p>If hospital admission required in the past for PA management, please supply: Hospital Name: _____ Year of Hospital admission _____ Procedure done: _____ Have you been to RNSH or POW specialised plastics clinic before? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>				
<p>4.2 Do you have any pressure areas <i>now</i>? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please list location, when you first noticed it, how severe it is and how it is being managed. (See footnote to assess severity⁹)</p>			Examination notes	
<p>Where PA is When it occurred How severe is it (Stage)</p>				
<p>4.3 If YES, How do you think the pressure area/s occurred?</p> <p><input type="checkbox"/> Poor Transfer <input type="checkbox"/> Equipment <input type="checkbox"/> Weight Loss <input type="checkbox"/> Sustained pressure <input type="checkbox"/> Lifestyle changes (eg change of employment) <input type="checkbox"/> Illness <input type="checkbox"/> Other</p> <p>Details _____</p>				

⁸ Common areas where pressure areas (PA) develop are:
 Ischial tuberosity (IT) – under the buttocks where you sit
 Greater trochanter (GT) – over the hip bone
 Medial or lateral malleolus (ML or LL) – over the inner or outer aspect of the ankles
 Heels, Shoulder blades
 Sacrum – lower end of spine

⁹ NB: To assess severity, PA are often classified according to the following stages
 Stage 1 – Skin is not broken but may be red (or change color), feel warmer or cooler & firmer
 Stage 2 – Ulcer involves topmost layer of skin and looks like a scrape, blister or shallow crater. (Superficial or partial thickness)
 Stage 3 – Ulcer extends through the skin into the fascia (subcutaneous tissue) underneath. It looks like a deep crater. (Full thickness)
 Stage 4 – Ulcer extends through skin & fascia to involve muscle, bone, tendons and joints.

PATIENT SECTION	GP/NURSE SECTION
<p>4.4 Skin management</p> <p>4.4.1. Do you (or your carers) inspect your skin regularly? <input type="checkbox"/> Yes <input type="checkbox"/> No How frequently? <input type="checkbox"/> 1-2 times/day <input type="checkbox"/> 2nd Daily <input type="checkbox"/> 1-2 times per week</p> <p>4.4.2. Do you perform regular pressure relief? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, what techniques are utilised? <input type="checkbox"/> Lifting <input type="checkbox"/> Weight Shifting <input type="checkbox"/> Reclining <input type="checkbox"/> Transferring onto bed / recliner <input type="checkbox"/> Rolling / changes in positioning <input type="checkbox"/> Other _____</p> <p>4.4.3. How frequently do you perform pressure relief? <input type="checkbox"/> Every 15-30 mins <input type="checkbox"/> Every 1-2 hrs <input type="checkbox"/> 3-4 times/day <input type="checkbox"/> Once daily <input type="checkbox"/> Twice daily</p>	<p>Review adequacy of skin protection behaviours</p>
<p>4.5 What is your main method of transferring?</p> <p><input type="checkbox"/> Independent lift <input type="checkbox"/> Independent with sliding board <input type="checkbox"/> Standing transfer <input type="checkbox"/> Standing transfer with assistance of one <input type="checkbox"/> Sliding transfer w/Assistance <input type="checkbox"/> Sliding transfer w/ Slide Board <input type="checkbox"/> Hoist <input type="checkbox"/> Other _____</p> <p>How many transfers do you do a day? _____ (Example: Bed to chair, Chair to commode, Chair to car, Chair to lounge, chair to farm equipment/other vehicles)</p>	
<p>4.6 When did you last have a review of your seating? _____</p> <p>Have you been linked to any seating services? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, are you linked to? <input type="checkbox"/> Northern Sydney (ATTS) – Sydney <input type="checkbox"/> Northern Sydney (ATTS) – Rural Clinic <input type="checkbox"/> Local Seating Supplier <input type="checkbox"/> SESIAHS Seating Service</p> <p>Are any of your equipment (bed, mattress, commode, shower seat, sling, hoist) > 10 years old? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>4.7 Nutrition : Does your daily diet include :</p> <p>1 or more servings of meat/fish/chicken/eggs or legumes <input type="checkbox"/> Yes <input type="checkbox"/> No 2 or more servings of milk, cheese or yoghurt most days <input type="checkbox"/> Yes <input type="checkbox"/> No 5 or more serves of fresh fruit and vegetables (including juices) <input type="checkbox"/> Yes <input type="checkbox"/> No Do you prepare meals or shop for yourself? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	

4.8 Have you had any other skin problems apart from pressure areas?

Yes No

If Yes, please tick one of the following,

Leg Ulcers Right Leg Left Leg

Osteomyelitis (Bone infection) – Where _____

Cellulitis (Skin infection) – Where _____

Psoriasis – Site _____

Fungal infections – Site _____

Other – Site _____

Details _____

4.9 Have you had any investigations for the current PA? Yes No

If Yes, please list results if you know what they showed:

Blood tests _____

Wound Swab _____

Xray _____

Bone Scan _____

Ultrasound _____

Sinogram/CT Scan _____

Other _____

4.10 Management so far : Please describe treatment/s provided (for most serious area, if more than one)

Bedrest _____

Debridement and/or dressing _____

Antibiotics _____

Nutritional supplementation _____

Surgery _____

Other _____

Please provide further details (eg. about treatment/s, duration and effect on quality of life) _____

<p>4.11 Do you have any additional risk factors for skin breakdown such as:</p> <p><input type="checkbox"/> Medical co morbidities (eg diabetes, kidney or liver disease)</p> <p><input type="checkbox"/> Problems with memory or a history of brain injury or mental illness</p> <p><input type="checkbox"/> Problems with excessive skin moisture (eg. Incontinence or sweating)</p> <p><input type="checkbox"/> Functional decline / poor transfers</p> <p><input type="checkbox"/> Old equipment (>5 years old) needing review / replacement</p> <p><input type="checkbox"/> Poor nutrition / anaemia (low blood count) or weight loss</p> <p><input type="checkbox"/> Psychosocial factors (poor social support/depression)</p> <p><input type="checkbox"/> Change in carers or decrease in care hours</p> <p><input type="checkbox"/> Smoking</p> <p><input type="checkbox"/> Alcohol intake > 4 standard drinks a day</p> <p><input type="checkbox"/> Illicit substance use</p> <p>Describe _____</p> <p>_____</p>	<p>Actions required :</p> <p><input type="checkbox"/> Check fasting BSL, UEC & LFTs</p> <p><input type="checkbox"/> Check with others re:symptom</p> <p><input type="checkbox"/> Investigate for incontinence</p> <p><input type="checkbox"/> Investigate reason/refer to OT</p> <p><input type="checkbox"/> Refer to OT</p> <p><input type="checkbox"/> Check FBC, albumin, Zn, Mg</p> <p><input type="checkbox"/> Explore further</p> <p><input type="checkbox"/> Check adequacy of care</p> <p><input type="checkbox"/> Advise to stop</p> <p><input type="checkbox"/> Review alcohol intake (CAGE)</p> <p><input type="checkbox"/> Review further</p> <p>Does person require:</p> <p><input type="checkbox"/> Refer to S/W</p>
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Notes:

Skin integrity should be checked and recurrent breakdown/ chronic ulceration investigated routinely -

- Patient's FBC girth measurement and nutritional status checked
- Is there evidence of depression, change in social support or functional capacity (may require psychology, social work or OT assessment)?
- Evidence of underlying osteomyelitis (radiological or bone scan changes, elevated ESR or CRP)?
- Occupational therapy (OT) assessment of adequacy of wheelchair, cushion and mattress must be part of complete treatment. A referral can be made to the local OT. Specialised support services are available to local therapists should they need specialist advice