

Skin Inspection & Repositioning Chart Data Standards Specification

| User Interface Name | Field Identifier | Definition | Data Display Format | Data Value Format (code or other value) | Value Sets | SNOMED CT | Business Rules | Additional Information/definitions/formats | Source |
|--|---------------------------|--|---|---|---|--|--|--|--------|
| <p>Guidelines for completion: Please review patient handling assessment before completion of repositioning Form to be completed by person competent to assess skin Slide sheets to be used for all patients when repositioning</p> <p>[TIP at the top of summary screen - Consider Purpose T Risk Assessment when PU Category has been entered or has changed since previous entry If the patient's recent reposition is the same as the last reposition recorded for the patient, then the recent entry will be highlighted in red below]</p> | | | | | | | | | |
| Date and Time of Assessment | Assessment_Date_Time | This is the date and time the assessment took place | Date and Time Picker | 8 digit numeric, YYYY-MM-DD 4 digit numeric, hh:mm | | | | | |
| Patient repositioned | Skin_inspection | This is to indicate that a new skin inspection and repositioning entry it to be created | Single select button | N/A | N/A | | | | |
| Patient Declined Repositioning | Patient_declined | This is to indicate whether the patient declined the repositioning | Single select button | N/A | N/A | | PROMPT: If patient declines, please establish and document reason for decline and alter care plan to reflect this Please note - a decline is a one off event and the patient needs to be approached regarding changing position at the next timed reposition | | |
| Patient not at bedside | Patient_notatbedside | This is to indicate that the patient is not at the bedside | Single select button | N/A | N/A | | Tool Tip: If patient is not at bedside please complete new reposition entry when patient returns rather than waiting until the next repositioning is due | | |
| Patient independently mobile | Patient_mobile | This is to confirm that the patient is independently mobile | Single select button | N/A | N/A | | If field id 'patient_mobile' populated go straight to field id 'reposition_time' PROMPT: Must match care plan | | |
| Was the patients skin wet? | Wet_skin | This is to indicate whether the patients skin was wet | Radio Button (No Yes) | n1 | 1 - No 2 - Yes 3 - Patient Declined inspection | | Question should only appear if field id 'patient_declined' or 'skin_inspection' is populated | | |
| If yes, was it: | Wet_skin_reason | This is to indicate why the patients skin was wet | Radio Button (Multiple Options - Multi Select) | n1 | 1 - Faecal 2 - Urine 3 - Exudate 4 - Perspiration | | Question should only appear if field id 'wet_skin' = 1 User should be able to select all options | | |
| Action | Wet_skin_action | This is to detail any actions taken if the patient was wet skin | Radio Button (Multiple Options - Multi select) | n1 | 1 - Barrier product applied 2 - Patient hygiene needs met 3 - Other | | Question should only appear if field id 'wet_skin' = 1 Should be able to select all three options | | |
| Other | WetSkin_action_other | This is to detail what other action was taken if the patients skin was wet | Text Box | nvarchar(500) | N/A | | | | |
| Are patient's heels offloaded? | Heel_offloaded | This is to indicate whether the patients heels are offloaded | Radio Button (No Yes) | n1 | 1 - No 2 - Yes | | Question should only appear if field id 'patient_declined' is populated or if field id 'wet_skin' = 1 or 2 | | |
| Which heel was offloaded? | Which_heel_offloaded | This is to indicate which heel was offloaded | Radio Button (Multiple options - Single select) | n1 | 1 - Left Heel 2 - Right Heel 3 - Both Heels | 723606006 Structure of left heel (body structure) 723607002 Structure of right heel (body structure) Nothing for bilateral | Question should only appear if field id 'heel_offloaded' = 1 | | |
| Heel offload device used | Heel_device | This is to indicate which heel offload device has been used | Drop down list (Single select) | n1 | 1 - Pillow 2 - Boot 3 - Wedge 4 - Cast 5 - Other | | Question should only appear if field id 'heel_offloaded' = 1 | | |
| Other | Heel_device_other | This is to provide details of the other heel offload device used | Text Box | nvarchar(500) | | | Question will only appear if field id 'heel_device' = 5 | | |
| Position patient left in | Patient_position | This is to indicate the position the patient was left in | Drop down list (Single select) | n1 | 1 - Sat up in bed 2 - Sat up with knee break 3 - Right side 30° tilt 4 - Left side 30° tilt 5 - Prone 6 - Flat on back 7 - Sat out | | Question will only appear if field id 'patient_declined' or 'skin_inspection' populated or if field id 'heel_offload' = 1 or 2 | | |
| Equipment patient left on | Equip_patient_lefton | This is to indicate what type of surface the patient was left on | Drop down list (Single select) | n1 | 1 - Static Mattress 2 - Active Mattress 3 - Trolley 4 - Chair | | PROMPT: Please ensure that the surface is functioning correctly If field id 'patient_position' = 1, 2, 3, 4, 5, 6 value set 'static mattress, active mattress and trolley' would appear If field id 'patient_position' = 7 then value set 'chair' only would appear | | |
| Surface Support Type patient left on | Surface_support_type | This is to indicate what type of surface support the patient was left on if they were on a static mattress | Look up | n2 | 1 - Pentaflex advanced 2 - Pentaflex 3 - Softform 4 - Dynaform HZ 5 - Aerospacer 6 - Mercury advanced foam 7 - Drive permafex 8 - Invacare 9 - Hillrom NP100 10 - Repose overlay 11 - Trolley 12 - Renray Noodles 13 - UH Trinity Plus 14 - Drive Lullaby Paediatric 15 - Drive 16 - Soft Form Premier 17 - Sleep angel 18 - Select selmed edge 19 - Karomed enterprise 20 - Direct H/C Maximus 21 - Pentaflex paediatric 22 - Drive Memaflex 23 - UH Active Foam 24 - Drive Permafex Plus 25 - Autologic 26 - Alfa Active 4 27 - Duo 2 | | PROMPT: Please ensure that the surface is functioning correctly If field id 'Equip_patient_lefton' = 1, Value set 'Pentaflex advanced Pentaflex Softform Dynaform HZ Aerospacer Mercury advanced foam Drive permafex Invacare Hillrom NP100 Repose overlay Trolley Renray Noodles UH Trinity Plus Drive Lullaby Paediatric Drive Soft Form Premier Sleep angel select selmed edge Karomed enterprise Direct H/C Maximus Pentaflex paediatric Drive Memaflex UH Active Foam Drive Permafex Plus' will appear | | |
| Other | Surface_supporttype_other | This is to detail the other surface support type if different to those already listed | Text Box | nvarchar(500) | N/A | | Question will only appear if field id 'Surface_support_type' = 80 | | |
| Has there been any changes to the patient's skin condition? | Skin_changes | This is to confirm whether there have been any changes to the patients skin condition | Radio Button (Multiple options - Single select) | n1 | 1 No 2 Yes 3 Unable to assess | | If field id 'skin_changes' = 2 then PROMPT: On change of skin condition the skin assessment is to be updated by a competent person using their own Nadex login | | |
| Comments | Skin_changes_comments | This is to provide any further comments on the changes to the patients skin condition | Text Box | nvarchar(500) | N/A | | Question will only appear if field id 'skin_changes' = 2 | | |
| <p>Detailed skin assessment to be completed by a person competent to assess skin, using their own Nadex login Skin Assessment - Current detailed skin assessment - For each skin site tick applicable column. This is not intended to replace the Purpose T Risk Assessment, if skin condition has deteriorated complete a new Purpose T Risk Assessment and update care plan.</p> | | | | | | | | | |
| Skin Site | Skin_site | This is to indicate which skin site the patient has pain | Radio Button (Multiple Options - Multiple select) | n2 | 1 Sacrum | 699698002 Structure of sacrum (body | | | |

NOTE: There are a large number of options within the value set and business rules not all are shown on screen but if you double click or click into cells and into the section at the top and scroll through you will see them all

| | | | | | | | | | |
|---|------------------------|---|---|---------------|---|--|--|--|--|
| | | | | | 2 L Buttock 3 R Buttock 4 L Ischial 5 R Ischial 6 L Hip 7 R Hip 8 L Heel 9 R Heel 10 L Ankle 11 R Ankle 12 L Elbow 13 R Elbow 14 Other as applicable | 723979003 Structure of left buttock (body structure) 723980000 Structure of right buttock (body structure) 722755001 Structure of ischiogluteal bursa of left hip (body structure) 722754002 Structure of ischiogluteal bursa of right hip (body structure) 287679003 Left hip region structure (body structure) 287579007 Right hip region structure (body structure) 723606006 Structure of left heel (body structure) 723607002 Structure of right heel (body structure) 51636004 Structure of left ankle (body structure) 6685009 Structure of right ankle (body structure) 368148009 Left elbow region structure (body structure) 368149001 Right elbow region structure (body structure) | | | |
| Other | Skin_site_other | This is to detail the other skin site where the patient has pain if not listed above | Text Box | nvarchar(500) | N/A | | | | |
| Normal Skin | Normal_skin | This is to indicate whether the skin at the identified skin site is normal | Tick Box | N/A | N/A | | | Need the ability for user to select normal skin for all skin types | |
| Vulnerable Skin [i info button] | Vulnerable_skin | This is to indicate whether the patient has vulnerable skin at each of the identified skin sites | Tick Box | n1 | 1 - Blanchable redness that persists 2 - Dryness 3 - Paper thin 4 - Moist | | | Info Button to display - Vulnerable skin (precursor to PU) e.g. blanchable redness that persists, dryness, paper thin, moist. NPUAP / EPUAP Pressure Ulcer Classification System (2014) A user can select field id 'vulnerable_skin' and 'moisture_lesion' for one skin site together | |
| PU Category [i button] NPUAP / EPUAP Pressure Ulcer Classification System (2014) | PU_Cat | This is to indicate which category the patients pressure ulcer is | Pick List | n1 | 1 - Cat 1 Non-blanchable redness of intact skin 2 - Cat 2 Partial thickness skin loss or clear blister 3 - Cat 3 Full thickness skin loss (fat visible / slough present) 4 - Cat 4 Full thickness tissue loss (muscle / bone visible) 5 - Cat U (Unstageable / Unclassified): full thickness skin or tissue loss - depth unknown 6 - Cat SDTI (Depth Unknown) Purple localised area of discoloured intact skin or blood filled blister | | | Need to include an information button for user to click on which will list the PU Cat types and descriptions A user can select field id 'pu_cat' and 'moisture_lesion' for one skin site together | |
| Moisture Lesion | Moisture_lesion | This is to indicate whether the patient has a moisture lesion. | Tick Box | N/A | N/A | | | | |
| Not seen | Notseen | This is to indicate whether the patient was not seen and reason why | Radio Button (Multiple Options - Single select) | n1 | 1 - Covered by medical device 2 - Covered by dressing 3 - Pain 4 - Patient declined 5 - Other | | | | |
| Other | Notseen_other | This is to detail the other reason why the patient was not assessed | Text Box | nvarchar(500) | N/A | | | Question will only appear if field id 'Notseen' = 5 | |
| [A user cannot select field id 'normal_skin', 'vulnerable_skin', 'pu_cat', 'moisture_lesion' and 'notseen' for one skin site] | | | | | | | | | |
| Does the patient require further repositioning? | Further_reposition | This is to indicate whether the patient requires further repositioning | Radio Button (No Yes) | n1 | 1 - No 2 - Yes | | | Question will only appear if field id 'patient_mobile' is selected | |
| Further repositioning required in (hours) | Reposition_time | This is to indicate how long it is before the patient is to be repositioned | Drop down list | n2 | 1 - 1 hourly 2 - 2 hourly 3 - 3 hourly 4 - 4 hourly 5 - 5 hourly 6 - 6 hourly 7 - 7 hourly 8 - 8 hourly 9 - 9 hourly 10 - 10 hourly 11 - 11 hourly 12 - 12 hourly | | | Question should only appear if field id 'Patient_notatbedside' or 'Skin_inspection' is populated Question should only appear if field id 'further_reposition' = 1 PROMPT: Must match care plan | |
| Other | Reposition_time_other | This is to indicate the time in which the patient should next be repositioned if different to those hourly times listed | Text Box | nvarchar(500) | N/A | | | | |
| Comments | Repositioning_comments | This is to include any further comments on the activity status of the patients reposition | Text Box | nvarchar(500) | N/A | | | Question should always appear at the end of each section | |