

Risk Assessments -

Skin Inspection

Quick reference guide



Note: An initial *Skin Inspection* task will be automatically ordered upon patient admission. A BD *Skin Inspection* task will be automatically ordered if a patient has a documented Glamorgan score of ≥ 10 .

Documenting a Skin Inspection

1. Select the *Skin Inspection* activity on *CareCompass* and click *Document*

This will open **Activity View** in *Interactive View* for documentation of the Skin Inspection **Assessment**



You can also document the assessment directly in *Interactive View* using the following steps:

- Open the patient's chart
- Select *Interactive View* on the side menu
- Select the *Paediatric Risk Assessments* navigator band in the left pane
- Select the *Skin Inspection* section


2. Double click on the *navy blue bar* at the top of the left-most column of the *Skin Inspection* data fields

✓ Skin Inspection	
Comprehensive skin inspection completed	
Pressure injury present	
Wound present	
Skin tear(s) present	
Moisture associated skin damage present	
Other skin concerns	

3. Complete all fields as clinically appropriate



If further information about a field is required, click on the *blue hyperlinks* to see reference texts.

4. Once the assessment is completed, click *Sign* ✓
5. Click *Refresh*  0 minutes ago to view the saved data.



SKIN ALTERATIONS

If a Pressure Injury, Wound, Skin Tear or Moisture Associated Skin Damage is present, create an individual dynamic group for each skin alteration. Refer to the *Skin Alteration & Incision/Wound QRG* for further details.