

CA514 - Skin Assessment

Service User Name		Service User Number	
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Assessment Questionnaire

Complete the assessment questionnaire below to determine if a Care Plan alongside a further assessment is required for the Service User.

	Yes	No
Do you need support to manage your own skin care?		
Do you have any wounds, bruising, skin conditions or sore areas?		
Do you take any medication that thins your blood, for example, Warfarin, Aspirin, Rivaroxaban, Dabigatran, Apixaban, Edoxaban or other anticoagulation medication?		
Do you have dry, flaky skin?		
Is your skin at risk of damage? i.e. Do you bruise or get skin tears easily?		
Do you need support to change position?		
Do you have difficulty letting people know if you have discomfort or pain?		
Do you have any specialist equipment or routines in place?		
Do you have any specialist professionals involved in your skin care?		
Staff Only - Care Plan completed?		

My Goals
<p>Where possible, in the Service User's own words, detail what they would like to be able to achieve or continue to do.</p>

CA514 - Skin Assessment**What's Important to Me?**

Where possible, in the Service User's own words, detail what areas of their care are most important to them. Where it is a safety issue, detail this here too.

Who was involved in this assessment?

Name:	Role:	Signature:	Date:

Staff Use Only

- | **Water low Risk Assessment completed?**
- | **Body Map complete?**
- | **TMAR Chart in place (creams dated on opening, match MAR direction)?**
- | **If using pressure relieving equipment, implement a reposition chart/mattress checking to ensure it meets the needs of the weight of the Service User**
- | **Equipment Register completed?**

Note: All QCS Policies are reviewed annually, more frequently, or as necessary.