Saint Louis COUNTY PUBLIC HEALTH	**CORRECTIONS MEDICINE** **Skin and Wound Assessment** **ACA Standard: 4 ALDF – N/A**	
	Effective: October 2005 Revised: June 2015, April 2016, April 2017, April 2018, July 2019 Reviewed: June 2013, Feb 2019	Policy Number: CM – 34

I. **PURPOSE:** To provide early detection, treatment and surveillance of patients for potential skin and/or wound infections.

II. **POLICY:** All patients shall be assessed by a nurse for any skin problems or wounds upon intake.

III. **RESPONSIBILITY:** All persons working in the Corrections Medicine program are responsible for the content of this policy and procedure as well as adherence to the policy.

IV. **PROCEDURE:**

1. The nurse shall assess each person during the nursing assessment for any non-intact skin areas. The nurse shall assess intact skin surfaces for signs and symptoms of infections and in the presence of bleeding or drainage in that area.

2. The nurse shall ask the patient if he/she is aware of any non-intact skin or other potential skin infections on non-exposed skin surfaces.

3. The patient shall have the appropriate care rendered to any area(s) needing treatment.

4. Based on the assessment finding, the patient may be referred for further care and treatment through the wound clinic, admission to the Infirmary, or a clinic appointment with a provider

5. Upon completion of the assessment, the information obtained shall be documented in the patient's medical record.