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| **FOCUS** | **GOAL(S)** | **TIMELINES** | **INTERVENTIONS** | **ACCOUNTABILITY** |
| **Skin Integrity**  Resident‘s skin integrity is at risk due to:   * Immobility * Weakness/numbness of affected side * Braces/splints * Incontinence related to stroke.   [*Taking Action for Optimal Community and Long Term Stroke Care, A Resource for Healthcare Providers (2015)*](https://www.heartandstroke.ca/-/media/pdf-files/what-we-do/publications/001-16-hsf_f15_tacls_booklet_en_final_linked.ashx?hash=5117C91D04446D44042D1DFE76DC650C&rev=e6435af7a3744c5bba88b24603e0529a)  *Section 3.5 Skin Integrity* | Resident’s skin integrity will be maintained under splints and braces.  Resident will reduce PURS score from \_\_\_ to \_\_\_. |  | Perform skin care as per facility policy.  Perform skin check \_\_\_\_\_\_ x day, during bathing and dressing activities, toileting and/or during \_\_\_\_\_activities.  Observe for redness, blisters, discharge or skin breakdown, feel the skin for moisture, heat, swelling, and induration, smell the skin for foul or unusual odor (pay special attention to skin under braces and splints).  Ensure all braces/splints are clean, dry and odor-free.  Report concerns or signs of skin irritation to registered staff.  Reposition resident every two hours or per facility policy if resident is unable to reposition themselves in bed.  Reposition resident every hour or per facility policy for those who are unable to shift their weight while in sitting position.  Remind resident to shift weight at least every 15 minutes when they are sitting.  Use re-positioning, positioning and pressure redistribution devices as instructed to maintain resident’s proper body alignment and reduce pressure on bony prominences.  Refer to Continence Care Plan if appropriate.  Educate resident/family on skin care and re-positioning. | PSW/HCA  PSW/HCA  PSW/HCA  PSW/HCA/Registered Staff  PSW/HCA  PSW/HCA  PSW/HCA  PSW/HCA  PSW/HCA  PSW/HCA  PSW/HCA/Registered Staff |
| **Additional Best Practice Resources**   * Quality-Based Procedures: Clinical Handbook for Stroke (Acute and Postacute) 2015, Module 9, Community Treatment – [QBP Stroke](http://www.hqontario.ca/Portals/0/Documents/evidence/clinical-handbooks/community-stroke-20151802-en.pdf) * RNAO LTC Best Practices Toolkit, 2nd Edition: [All Clinical Resources](https://ltctoolkit.rnao.ca/clinical-topics/all?field_resource_type_updated_tid=47&items_per_page=60) * RNAO LTC Best Practices Toolkit Chronic Disease Management: [Stroke](https://ltctoolkit.rnao.ca/clinical-topics/chronic-disease-management/stroke) | | | | |