

**OLIVE VIEW-UCLA MEDICAL CENTER/HEALTH CENTERS
MENTAL HEALTH NURSING
POLICY & PROCEDURE**

**NUMBER: 5819
VERSION: 2**

SUBJECT/TITLE: SKIN ASSESSMENT- PSYCHIATRIC EMERGENCY ROOM

MD ORDER: YES [] NO [X]

POLICY: A Registered nurse in the Psychiatric Emergency Room will gather information at the time of admission, regarding the patient's integumentary status by conducting a non-invasive visual skin assessment.

With the patient's consent documented in the medical record, the patient should wear a hospital gown to facilitate the skin assessment. This is to be conducted in the restroom or other private area by a registered nurse and in the presence of an additional nursing staff who are of the same gender as the patient. Respect for the privacy and dignity of the patient is to be maintained throughout the procedure.

Any findings such as bruises, lesions, rashes, laceration, irritations, scars, pressure ulcers, wound drainage and any evidence suggestive of physical abuse or neglect will be documented in the patient's electronic medical record. Possible victims of abuse will be assessed per hospital policy. The RN will inform the physician of pertinent findings.

The patient may decide to wear his/her own clothing after the skin assessment. Skin assessment is deferred in the event of patient placed in restraints. The assigned primary nurse will complete the skin assessment as soon as the patient is released from restraints.

If the patient refuses to wear a hospital gown to facilitate the procedure, an assessment may still be performed with patient's cooperation.

If the patient refuses to have the skin assessment and there is probable cause to believe there is a skin condition present, a physician's order for skin assessment is to be obtained and a Record of Denial of Patient's Rights form is to be completed indicating the date the right was denied and the date the right was restored. The reason(s) the right was denied is to be entered on the form under Explanation of "Good Cause for Denial of Rights", and in the progress notes.

PURPOSE: To define the responsibilities of registered nurses regarding the nursing assessment of the skin at the time of admission.

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DEPARTMENTS: MENTAL HEALTH NURSING

DEFINITIONS: Skin Assessment: A non-invasive, visual assessment of the skin that does not involve body cavities, conducted by a registered nurse.

PROCEDURE:

References: Olive View-UCLA Medical Center, Department of Psychiatry, Policy and Procedure Number 418 (2002).	
Approved by: Alex Kopelowicz (Chief Physician), Aurea Jamora (Clinical Nurse Director II)	Date: 05/17/2017
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