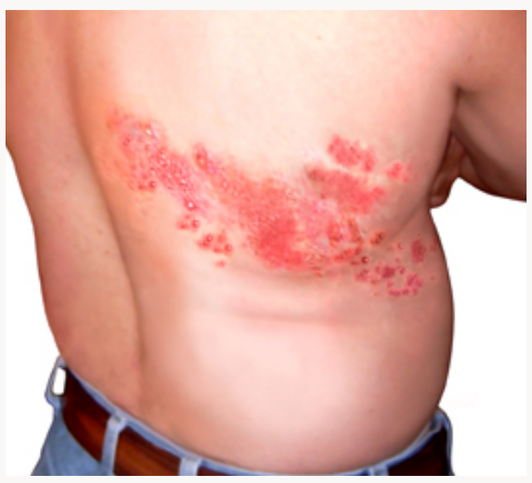
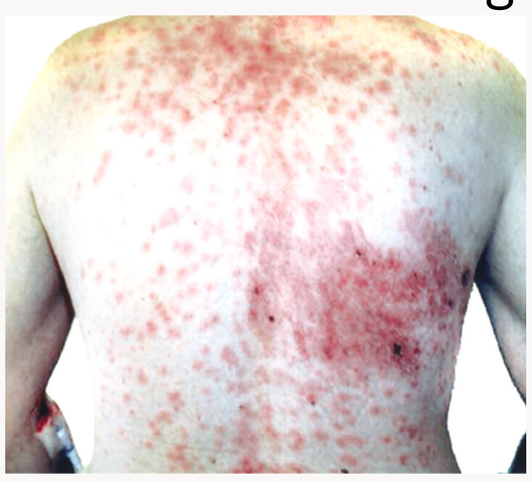
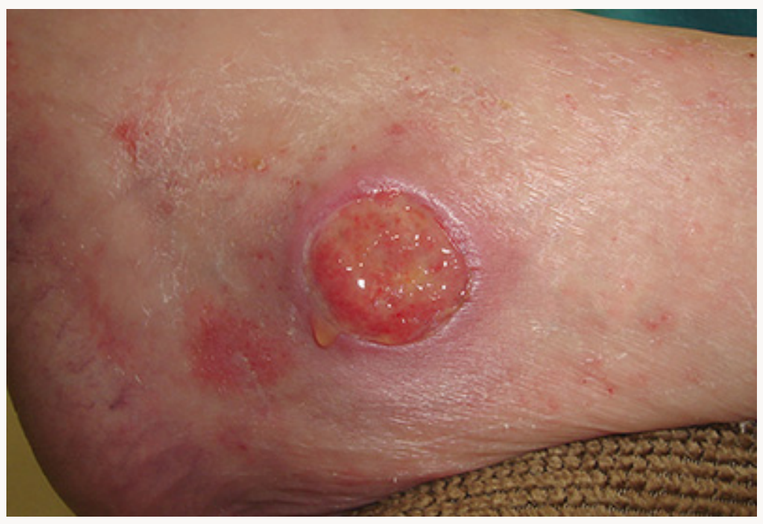
SBAR for Skin Lesions

A step by step guide for assessing skin lesions

INFECTIOUS SKIN LESIONS

DIFFERENTIAL DIAGNOSIS	SUBJECTIVE & OBJECTIVE ASSESSMENT	NEXT STEPS AND FOLLOW UP
Localized Shingles  Disseminated Shingles 	**Subjective (what you see):** ***Localized*** • Painful rash that is contained to one side of the body (does not cross midline) ***Disseminated*** • Painful rash that is found on both sides of the body (crosses midline) **Objective (what you know):** • History of chickenpox • History of previous infection • History of exposure • History of long-term infection • Shingles vaccination status • Immune suppression	**Next Steps:** • Cover with dry gauze **(localized)** • Implement contact precautions for direct care and room cleans **(localized)** • Implement contact airborne precautions **(disseminated)** • Ensure all staff have been fit-tested for N95 **(disseminated)** • Keep door to room closed, if possible **(disseminated)** • Consult doctor for treatment **Follow Up:** • Monitor for improvement • Resident and staff education • Consult doctor if worsens
Open Area/Wound 	**Subjective (what you see):** • Redness and swelling extending beyond the wound edges • Worsening or continuous pain • Skin around the wound feels warm to the touch • Thick, cloudy, milk, or discoloured discharge from the wound • Abnormal or strong scent from the wound • Fever, chills, or generalized fatigue **Objective (what you know):** • History of reoccurring wounds • History of ARO • History of poor wound healing • Immobility; medical conditions	**Next Steps:** • Implement good wound care measures • Monitor for wound healing • Consult doctor to initiate broad spectrum antibiotics • If there is a history of ARO infection or colonization, discuss with doctor about swabbing wound site **Follow Up:** • If wound is not healing, obtain order for swab C&S • Consult with dietary (if applicable) • Consult with PT (if applicable) • Update care plan/documentation • Repositioning schedule as needed

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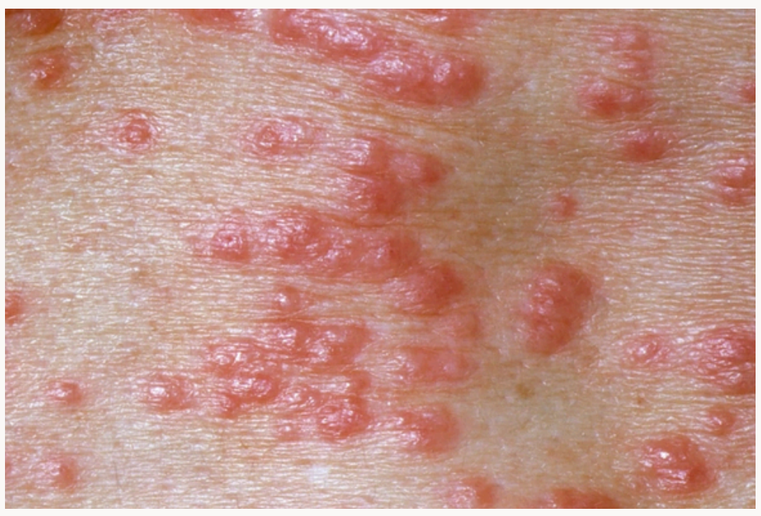
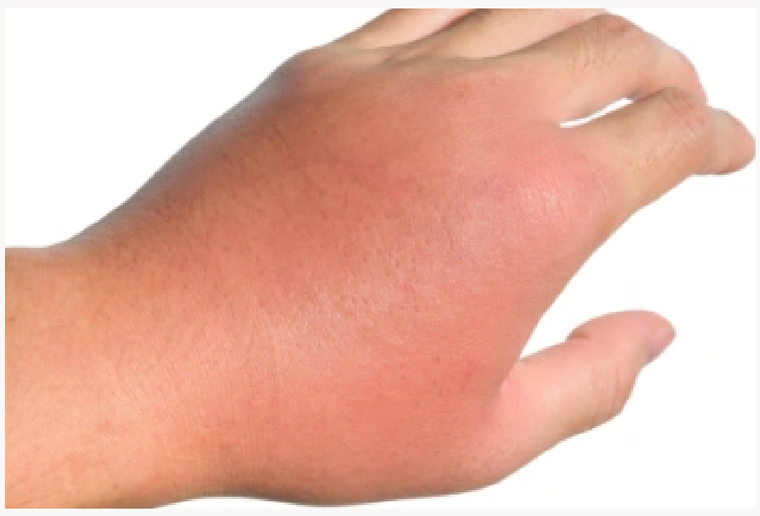
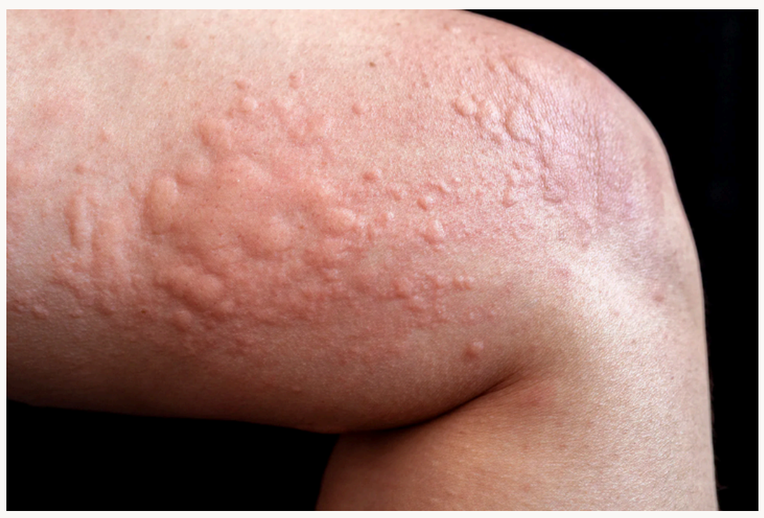
Scabies 	**Subjective (what you see):** • Intense itching, especially at night • Red, raised bumps or pimple-lik lesions that often appear in a line • Tiny, wavy, grayish lines on the skin surface (mite burrows) **Objective (what you know):** • History of exposure • History of infection	**Next Steps:** • Implement contact precautions • Launder clothing and beeding that has been used prior to treatment initiation • Contact doctor for treatment **Follow Up:** • Monitor for imporvement • If treatment unsuccessful, consult doctor for another round of treatment or burrow ink test • Staff education
Cellulitis 	**Subjective (what you see):** • Skin that appears “tight” or “glossy” • Redness that expands or spreads • Skin is warm to the touch and puffy • Area is tender or painful • Fever, chills, or sweating **Objective (what you know):** • Recent medication history (i.e., steroids, diuretics) • Previous history of cellulitis	**Next Steps:** • Consult doctor for treatment • Outline area with a pen to monitor for spread • Clear documentation - dates of assessment and dimensions **Follow Up:** • For worsening symptoms, consider transfer to acute care for management
Allergic Reaction 	**Subjective (what you see):** • Itchy, watery eyes • Localized skin rash or hives (raised, red, itchy bumps) • Sneezing, runny nose **Objective (what you know):** • History of allergies • Recent vaccination • Environmental or surface exposure to allergen	**Next Steps:** • Monitor for rash spreading • Remove known cause/allergen • Follow routine practices, including hand hygiene **Follow Up:** • Consult doctor for treatment • Monitor for improvement • Consult doctor for allergen testing if history unknown

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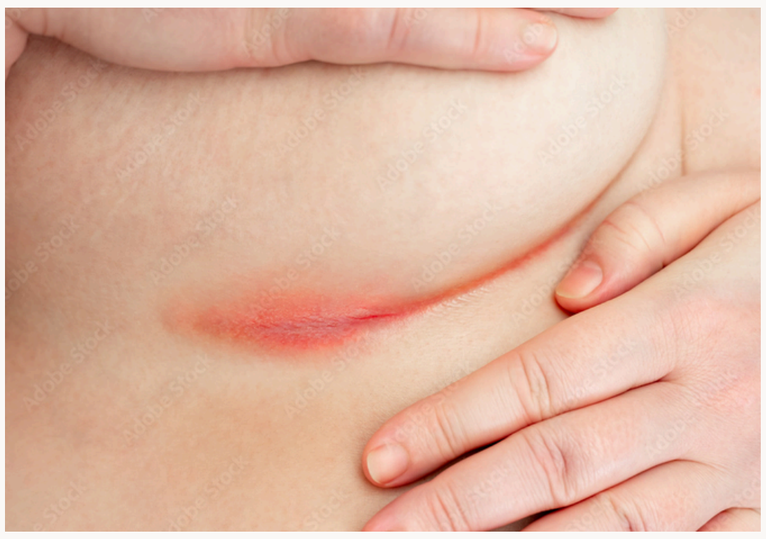
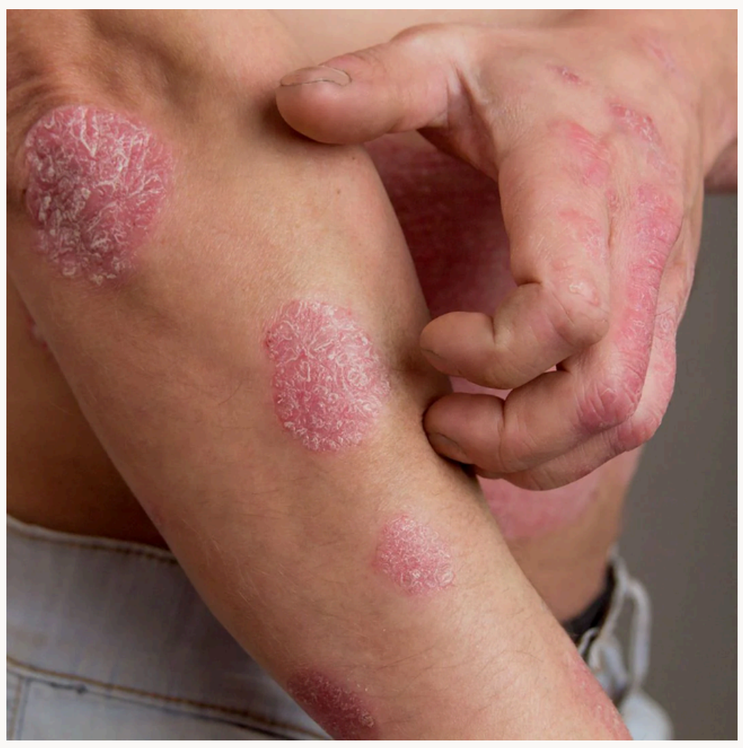
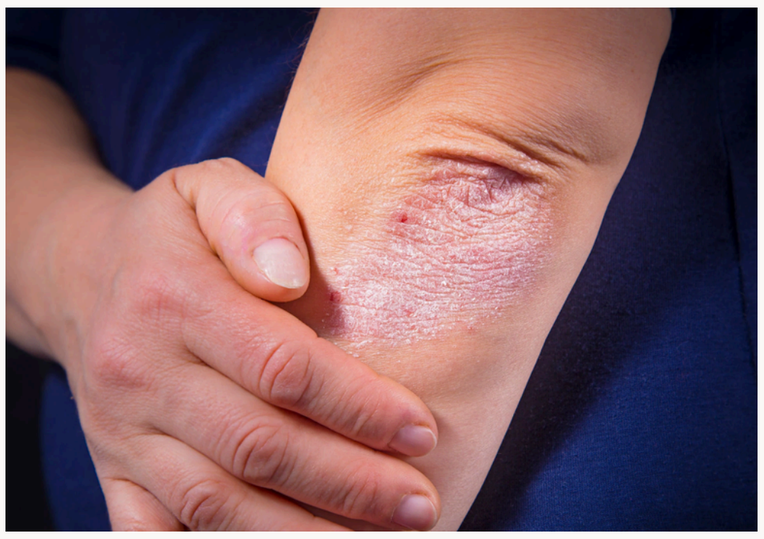
NON-INFECTIOUS SKIN LESIONS

DIFFERENTIAL DIAGNOSIS	SUBJECTIVE & OBJECTIVE ASSESSMENT	NEXT STEPS AND FOLLOW UP
Red Area 	**Subjective (what you see):** • Red area that is not open or painful, often found under skin folds • On palpation, skin blanches before returning to normal colour **Objective (what you know):** • Immbolity • Resident declines itchiness and/or discomfort • Recent bath/shower	**Next Steps:** • Thoroughly dry skin folds before applying barrier cream and/or clothing • Apply thin layer of barrier cream to prevent moisture build up **Follow Up:** • Monitor for improvement • Monitor for further skin breakdown (see “Open Area/Wound”) • Staff education if reoccurring
Psoriasis 	**Subjective (what you see):** • Plaques that appear as raised patches covered by silver-white scales • Commonly found on elbows, knees, lower back, and scalp **Objective (what you know):** • Family history with confirmed diagnosis • Long term stress • History of skin injuries (cuts, sunburns) or infections (strep throat)	**Next Steps:** • Consult doctor for treatment • Pat dry skin thoroughly • Perform hand hygiene before applying treatment creams • Consider outdoor visits during peak sun times **Follow Up:** • Monitor for treatment success • Consult doctor for alternatives if symptoms are not improving • Monitor for open areas and signs of infection
Eczema 	**Subjective (what you see):** • Severe itching • Scaly skin • Localized rash on face, elbows, knees **Objective (what you know):** • Weather exposure (hot/cold) • Harsh soaps, fragrances • Stress or exposure to allergens	**Next Steps:** • Thoroughly dry skin folders before apply treatment or barrier creams • Consult doctor for treatment • Maintain routine practices **Follow Up:** • Monitor for open areas and cover with dry gauze to prevent infections