

OASIS Alert

Integumentary Items: Make a Careful Skin Assessment to Spot Stasis Ulcers

Stasis ulcers don't require staging.

Properly identifying venous stasis ulcers is a big challenge. Give yourself a leg up by reviewing key skin assessment resources and understanding the disease process behind these ulcers.

Gather Resources

It may seem like a given, but every clinician needs to be trained on how to complete a comprehensive assessment of the skin, says **Pat Jump** with Rice Lake, Wis.-based **Acorn's End Training & Consulting**. Completing an accurate integumentary assessment is impossible without seeing the patient's skin — including skin normally covered with clothing. Key resources for obtaining an accurate skin assessment include the following, she says:

- Patient/Caregiver Interview
- Direct observation of scars/wounds
- Physical Assessment. Assess skin from head to toe on admission, making sure to include all bony prominences.
- Referral Documentation. Make sure your intake form asks specifically for stages of pressure ulcers and the presence of other skin issues.
- Operative reports, most recent history and physical, and list of current ICD-9 codes.

Know Disease Processes

When considering any disruption of the integumentary system OASIS items, you must be able to differentiate the types of ulcers, says Jump. That means knowing how to tell venous ulcers from arterial ulcers, and from pressure ulcers. A call to the physician can help verify the etiology of the ulcer if need be. (See the story below for more details on the different types of leg ulcers.)

OASIS item M1330 — Does this patient have a Stasis Ulcer? identifies the presence of an ulcer caused by inadequate venous circulation in the area affected, Jump says. "Stasis ulcers usually occur on the lower legs and are caused by lack of venous circulation. They are commonly associated with stasis dermatitis," she says.

Tip: Unlike pressure ulcers, stasis ulcers are never staged, Jump points out.

Background: "Throughout the body, veins have one-way valves that keep blood flowing toward the heart," Jump explains. "When these valves are compromised or blocked (venous insufficiency), blood pools, leaking into the surrounding tissue and compromising the skin. The affected skin is dark red or purple and has a thick, dry or scaly texture."

"Once you understand the disease process behind these ulcers, identifying them is much easier," says **Ann Giles, RN, BSN, HCS-D, COS-C**, director of coding & OASIS review services for Biloxi, Miss.-based **PPS Plus Software**. Giles offers the following signs that may point to a stasis ulcer.

Lower extremity venous stasis disease is characterized by:

- Edema
- Black/brown discoloration known as hemosiderosis
- Venous dermatitis
- Ankle flaring
- Varicose veins

Some characteristics of the venous stasis ulcers include:

- Location in the gaiter area □ the area above the ankle to below the knee.
- Full thickness but no visible structures or necrotic tissue.
- Irregular wound margins.
- Non-painful.
- Large amounts of exudate □ a hallmark sign.
- Inflammation and periwound maceration are common.

Stasis ulcers can be very difficult to heal, Jump says. "Physicians often report that they do not know the best treatment for various wounds unless that happens to be their specialty area. For this reason, it is important to enlist the help of a wound specialist to determine the most appropriate treatment."