OASIS Alert

Tool: Overcome these Common Integumentary Item Stumbling Blocks

Debridement won't turn a traumatic wound into a surgical wound.

As a whole, mastering the OASIS integumentary items can seem overwhelming. But if you break down their complexities, it's easier to address each nuance.

This training tool from **Pat Jump, MA, BSN, RN, COS-C,** with Rice Lake, Wis.-based **Acorn's End Training & Consulting** will provide you with easy steps to take when you identify a wound assessment area that needs improvement

Problem: Lack of knowledge or discomfort about the integumentary OASIS items or difficulty differentiating the various types of wounds.

Solution: These areas require solid training. Make sure you cover the following areas in your training plan:

1. Provide formal training by a wound specialist on a regular basis at least annually.

2. Distribute and explain the WOCN Society's Guidance on OASIS-C available at www.wocn.org/?page=oasis.

3. Never assume clinicians are well-versed in wound assessments and documentation of wounds, including OASIS items. Provide refresher training regularly.

Problem: Clients with histories of past Stage 3 and 4 pressure ulcers aren't being identified.

Solution: Go over best practices for assessing pressure ulcer risk. Be sure to include the following areas:

1. Teach clinicians to observe all areas of the skin.

2. Remind clinicians that stage 3 and 4 pressure ulcers never completely heal and should always be identified when completing the OASIS assessment, including follow-up OASIS assessments.

Problem: Confusion regarding the client's risk for pressure ulcers.

Solution: Formally train clinicians on the use of pressure ulcer risk assessment tools such as the Braden or Norton scales.

Problem: Uncertainty about when a pressure ulcer is no longer considered a pressure ulcer.

Solution: Provide specific training about muscle flap repair of a pressure ulcer as opposed to a pressure ulcer that has been surgically debrided.

Problem: Confusion regarding what is considered an "ostomy."

Solution: Review the various types of "ostomies" for OASIS reporting purposes. For example, a chest tube is a thoracostomy.

Problem: Uncertainty about documentation of traumatic wounds and surgical wounds.

Solution: Review the OASIS-C guidance manual related to traumatic wounds. Keep the following points in mind when documenting wounds:

1. A traumatic wound does not become a surgical wound because of debridement.

2. A traumatic laceration repaired with plastic surgery is not a surgical wound.

3. Internal trauma repaired by surgery (repair of a torn tendon, repair of a ruptured abdominal organ, or repair of other internal damage) is a surgical wound.

Problem: Inadequate documentation to support the status of various wounds.

Solution: Establish best practice procedures for wound assessment including notation of wound location, size, sinus tracts, tunneling, exudate, necrotic tissue, epithelialization, and presence or absence of granulation tissue.