Section M - Skin Condition

December 2024

Intent of Section M

- Observe and assess skin over 7-day observation period. Assessment includes cause of the wound and resident condition.
- Identify stage, type, and number of ulcers. Identify other skin conditions.
- Document preventive skin and foot care and skin treatments for active conditions.

Note:

- interRAI coding requires staging of venous, arterial and diabetic ulcers, which is usually only completed for pressure injuries by wound care specialists.
- Arterial, venous and diabetic ulcers included in section M1 are not included in M2a (pressure ulcers). Only venous ulcers are included in M2b.
- Include diabetic ulcers in M1 and M6c.
- Differentiating between types of ulcers is critical to accurate coding.

M1 - Record the number of ulcers at each stage on any part of the body. See stage description next page.

Ulcer	Cause and Description	Example
Pressure	 Caused by prolonged pressure, usually over a bony prominence or under a medical device Multiple contributing factors possible (e.g. incontinence), but primary cause is pressure Oval or round wound Varies from a red to bluish non-blanchable closed area to an open wound impacting multiple levels of tissue (see staging next page) Pain varies from absent to severe 	Pressure Ulcer Stage 1
Venous Status	 Caused by venous insufficiency where peripheral venous blood return to the heart is poor Located between the knee and ankle Shallow red granular (e.g., bumpy) wound bed with irregular margins and moderate to large drainage Legs often swollen and hyperpigmented (darkened) Dull, achy pain in the entire leg 	Venous Stasis Stage 3 Slough present
Arterial	 Caused by arterial insufficiency where blood flow through arteries is reduced or blocked Located on the feet, toes, heels and ankles Skin is shiny, pale, hairless and cool to touch Wound is round with even edges and minimal drainage 	Arterial Ulcer Stage 4 Covered with eschar (unstageable)
Diabetic	 Caused by poor circulation and diabetic neuropathy Located on the pressure points of the feet or ankle May start as a small cut or wound and progress unnoticed to a round ulcer with even edges Pain is described as pins and needles or none at all 	Diabetic Ulcer Stage 3 Undermining present



Stage	Wound Description	
1	 Persistent redness with no break in the skin Redness is non-blanchable and does not disappear when pressure is taken off 	
2	 A break in the top layer of skin (epidermis) Skin abrasion, blister or very shallow ulcer with no slough present 	
3	 A break in the top two layers of skin (epidermis and dermis) exposing subcutaneous fat tissue Deeper wound with or without undermining (erosion of tissue under wound edges) 	
4	 Full thickness skin loss, including subcutaneous tissue, exposing muscle, tendons or bone Includes wounds with non-visible wound bed (e.g. covered with eschar) and deep tissue wounds 	

- M2 Record the highest stage of pressure injury (M2a) and venous stasis ulcer (M2b) for each resident.
 - Do not include a diabetic foot ulcer under **M2a**, even if pressure contributed to the wound. Assume the primary cause is diabetes and neuropathy, not pressure.
- **M3** Indicate if your resident had a healed pressure ulcer during the past 90 days. Residents with a recent healed ulcer are at increased risk for a new ulcer in the same area.
- M4 Assess and record other skin conditions following the RAI MDS 2.0 User Manual.
- M4a closed skin wounds, including abrasions, bruises, scraps, swelling, tenderness and skin discolouration. Do not include stage 1 ulcers included in M1.
- **M4b** only 2nd and 3rd degree burns, 1st degree burns can be included in **M4a**.
- M4c open lesions, including cancer lesions. Do not include stage 2-4 ulcers included in M1 or M2. Do not include rashes, cuts or skin tears.
- M4d all rashes, such as intertrigo, eczema, drug/heat rash and herpes. Include any change in colour, blistering, itching, burning and pain due to a rash.
- M4e desensitised skin, unable to feel pain or pressure. Assess residents with diabetes, quadriplegia, paraplegia, hemiplegia, hemiparesis, and peripheral vascular disease.
- M4f skin tears, cuts through top layers of tissue.
- M4g surgical wounds, except healed wounds.
- **M5** Record skin treatments for healing or preventing a resident **specific** skin condition. Do not include a routine program, device or diet available to all residents.
- M5 air or gel pressure relieving devices for bed (M5a) and chair (M4b). Do not include egg crates.
- M5c turning, repositioning program for healing or preventing a resident specific skin condition.
- M5d nutrition and hydration, such as a high protein or high calorie diet, related to a skin condition.
- M5e treatment for pressure, venous stasis, arterial ulcers, such as dressings, medication, cleansing and debridement. <u>Include treatment for pressure ulcer</u> <u>on the foot not related to neuropathy.</u>

Record dressings (M5g), ointments (M5h) and preventative skin care (M5i) for all other skin conditions, including dry skin. Do not include ulcer care, treatments for the feet or treatments for non-skin conditions.

M6 – Record foot problems, including callouses, bunions, pain and structural problems (M6a), infection (M6b), and open lesions, such as diabetic ulcers (M6c). Record treatments, including nail and callous trimming (M6d), preventative foot care (M63) and other dressings for the feet.

