



My Skin Health Passport

Developed by the Wound Care Community of Practice

This passport is designed to be shared with your health care team, such as nurses, doctors, and personal care attendants. It will help them know what you need to prevent and identify possible skin health problems quickly. Individuals and/or family caregivers should complete and keep this document with other medical records that would go with you as you move to different areas of the health care system, for example to the hospital, to a long term or chronic care facility, or returning home. Remember to keep the information up-to-date. Only complete the relevant section and draw a line through the areas that don't apply to you.

My Information:

Name: _____ Date of Birth: _____

I **currently** have a wound: Yes No If yes, when: _____ Location: _____

I have had a wound in the past: Yes No If yes, when: _____ Location: _____

About Me:

Support needed with: MOISTURE MANAGEMENT

- I need to be reminded/assisted to go to the bathroom _____ (how often)
- I use continence briefs and change them _____ (how often)
- I use a barrier cream _____ (type/how often)
- I have a catheter
- I have an ostomy: Type _____ Emptying schedule: _____

Support needed with: MOBILITY

- I spend most of my day sitting in my chair/in bed
- I need help getting in and out of bed/chair
- I need help turning in bed
- I like to be turned every ____ hours
- Please remind me to turn or reposition myself

Support needed with: SENSATION

- I cannot feel my _____ (e.g., feet)
- I have LESS or MORE (circle your choice) sensation in my: Feet Legs Other: _____

Support needed with: FOOD AND DRINK

I weigh _____ pounds/kg

I have dentures

I eat ____ meals each day

Daily snacks: Time(s): _____ Food(s): _____

I take food supplements (e.g., Ensure/Resource)

I need help with my meals (eating or setting up food)

I follow a special diet (e.g., diabetic). Details: _____

How you can help to protect my skin:

Make sure I get to the bathroom or change my continence brief as soon as it is wet.

Use a barrier cream to protect my skin.

Remind me to reposition or help me turn/reposition.

Make sure my heels are not flat on the bed.

Make sure I have my dentures (and my glasses).

Help set up my food and assist with eating if I need it.

Make sure my water glass is full and within my reach.

I have a special surface for my bed/wheelchair at home. Please make sure I have a similar one while I am here.

Other:

Date completed: _____ Date revised: _____

This pamphlet is supported by:

