

Properly Classifying COVID Skin vs Deep Tissue Injury by Lisa Goode



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Background & Problem

One of the complications from COVID-19 is an unusual skin manifestation, in which some mimic the appearance of a deep tissue injury (DTI). The phenomenon is not entirely understood. There is no standardized process to identify if a patient has COVID skin or DTI.

Objective

Purpose of this project is to implement an instrument that would assist nurses in properly classifying COVID-19 skin vs DTI

Results

Adherence: 100%

Congruence: 50%

| Cost Savings | Total HAPI | Notes | Total Cost |
|----------------------|------------|---|------------------|
| With Intervention | 14 | total HAPIs on unit practice site at end of intervention | \$872,242 |
| Without Intervention | 16 | total HAPIs on unit practice site if no use of standard work form | \$996,848 |
| Total Savings | | = without intervention – with intervention | \$124,606 |

COVID-19 Skin Manifestation vs DTI Reference Guide (from Instrument)

1. Is the non-blanchable discolored area over a bony prominence or medical device? If yes, then a DTI or COVID-19 skin can be considered. If no, then COVID-19 skin can be considered.
2. What is the shape of the injury? If it is irregular, jagged, or looped, then COVID-19 skin can be considered. If it is geometric in shape (e.g., circles or straight lines), then a DTI can be considered.
3. Were preventative measures (or attempts at them) taken at the time of the injury? If yes, then COVID-19 skin can be considered. If no, then the diagnosis is a DTI.
4. Does the patient have an elevated d-dimer? If yes, then COVID-19 skin can be considered. If no, then the diagnosis is a DTI.

Methods

Standardized instrument was created and placed in readily available location for clinical nurses and wound care nurses to use.

- Criteria: patients with COVID-19 and skin lesion
- Pilot: first 2 forms completed

Implications for Practice

A standardized process assists the clinical team with consistent use. Proper documentation is required for accurate coding and has financial and reputable impact on an institution. An evidence-based instrument will help to fill the gap in practice of properly classifying certain skin lesions.

References

