SECTION M. SKIN CONDITION

			Number at Stage
1.	**ULCERS** **(Due to any cause)**	*(Record the number of ulcers at each ulcer stage—regardless of cause. If none present at a stage, record "0" (zero). Code all that apply during* ***last 7 days****. Code 9 = 9 or more.)* ***[Requires full body exam.]***	
		a. Stage 1. A persistent area of skin redness (without a break in the skin) that does not disappear when pressure is relieved.	
		b. Stage 2. A partial thickness loss of skin layers that presents clinically as an abrasion, blister, or shallow crater.	
		c. Stage 3. A full thickness of skin is lost, exposing the subcutaneous tissues - presents as a deep crater with or without undermining adjacent tissue.	
		d. Stage 4. A full thickness of skin and subcutaneous tissue is lost, exposing muscle or bone.	
2.	**TYPE OF ULCER**	(*For each type of ulcer,* ***code for the highest stage in the last 7 days*** *using scale in item M1—i.e., 0=none; stages 1, 2, 3, 4*)	
		a. Pressure ulcer—any lesion caused by pressure resulting in damage of underlying tissue	
		b. Stasis ulcer—open lesion caused by poor circulation in the lower extremities	
3.	**HISTORY OF RESOLVED ULCERS**	Resident had an ulcer that was resolved or cured **in LAST 90 DAYS** 0. No 1. Yes	
4.	**OTHER SKIN PROBLEMS OR LESIONS PRESENT**	(***Check all that apply*** *during* ***last 7 days***)	
		Abrasions, bruises	**a.**
		Burns (second or third degree)	**b.**
		Open lesions other than ulcers, rashes, cuts (e.g., cancer lesions)	**c.**
		Rashes—e.g., intertrigo, eczema, drug rash, heat rash, herpes zoster	**d.**
		Skin desensitized to pain or pressure	**e.**
		Skin tears or cuts (other than surgery)	**f.**
		Surgical wounds	**g.**
		NONE OF ABOVE	**h.**
5.	**SKIN TREAT-MENTS**	(***Check all that apply*** *during* ***last 7 days)***	
		Pressure relieving device(s) for chair	**a.**
		Pressure relieving device(s) for bed	**b.**
		Turning/repositioning program	**c.**
		Nutrition or hydration intervention to manage skin problems	**d.**
		Ulcer care	**e.**
		Surgical wound care	**f.**
		Application of dressings (with or without topical medications) other than to feet	**g.**
		Application of ointments/medications (other than to feet)	**h.**
		Other preventative or protective skin care (other than to feet)	**i.**
		NONE OF ABOVE	**j.**
6.	**FOOT PROBLEMS AND CARE**	(***Check all that apply*** *during* ***last 7 days)***	
		Resident has one or more foot problems—e.g., corns, callouses, bunions, hammer toes, overlapping toes, pain, structural problems	**a.**
		Infection of the foot—e.g., cellulitis, purulent drainage	**b.**
		Open lesions on the foot	**c.**
		Nails/calluses trimmed during **last 90 days**	**d.**
		Received preventative or protective foot care (e.g., used special shoes, inserts, pads, toe separators)	**e.**
		Application of dressings (with or without topical medications)	**f.**
		NONE OF ABOVE	**g.**