



Dear Colleague

Invitation to review skin and wound assessment terms for content of SNOMED CT.

The nursing special interest group of the International Health Terminology Standards Organisation (IHTSDO) is undertaking a review of terms to support recording of information related to skin and wound assessment. This term set has been developed and widely reviewed by colleagues in the US and we are now seeking international feedback on the suitability of the terms for international use.

The purpose of the review is to ensure comprehensive and professionally acceptable content related to skin and wound assessment in SNOMED CT, the clinical healthcare terminology used in electronic systems in many countries – see <http://www.ihtsdo.org/index.php?id=snomed-ct0>.

It would be helpful if you could review the term set in the light of any national or international evidence based guidelines in use in your country. A suggested approach to the review and a feedback form are attached. Responses to be emailed to [Joanne Foster](mailto:Joanne.Foster@qut.edu.au) via Email by 30th April 2012.

Thank you.

Yours sincerely,

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On Behalf of:

Anne Casey, MSc, RN, FRCN
Chair, IHTSDO Nursing Special Interest Group



Response form for International review of skin and wound assessment terms for content of SNOMED CT

Name of respondent	Michelle Gibb
Email address	michelle.gibb@qut.edu.au
Country	Australia
Title of Guideline / standard used for review	
Web link or reference	

Suggested approach

1. Print out a copy of the international guideline or standard relevant to skin and wound assessment, including pressure ulcer risk assessment.
2. Highlight the assessment terms in the guideline that would be used (or are used) when recording assessment findings in electronic patient records.
3. List these terms in the table below
4. Identify a match (or nearest match) to each of the terms in your table from the SNOMED CT FSN column of the *LOINC nursing Workgroup spreadsheet* (attached)
5. Comment on the match if necessary.
6. Complete the summary questions at the end
7. Return to Jo Foster as per Invitation Letter



Source term	Match from spreadsheet	Comment
Pressure ulcer		This term is now more broadly referred to as pressure injury
Consultant type	Pressure Ulcer Prevention concept map: Skin Intervention	Should also include: nurse practitioner, clinical nurse specialist, clinical nurse consultant, tissue viability specialist, tissue viability nurse, general practitioner, dietician
Consult type	Pressure Ulcer Prevention concept map: Skin Intervention	Nutrition, infectious diseases physician Spelling mistake: physiatry should be psychiatry
Common Elements - Role Type	Overall Assessment/Intervention/Outcome Data model concept map	Nurse Practitioner, Clinical Nurse Consultant, Clinical Nurse Specialist, Registered Nurse, Enrolled Nurse, Endorsed Enrolled Nurse, Assistant in Nursing, Personal Carer / Personal Care Worker / Personal Care Attendant, Practice Nurse
System Type	Overall Assessment/Intervention/Outcome Data model concept map	Medical record, computerised medical record
Skin inspection	Overall Assessment/Intervention/Outcome Data model concept map	Skin texture, tissue tolerance, skin moisture, surrounding skin, periwound skin
Pressure ulcer	Risk Categories concept map	Healing progress, evolution, underlying structures
Nutritional status	Risk Categories concept map	Malnutrition screening score or tool or assessment
Pressure ulcer risk assessment	Risk Categories concept map	Waterlow, Norton
Skin condition	Risk Categories concept map	Hyperkeratotic, excoriated, eczematous, erythematous, skin texture, calloused, bruised, induration, haematoma, fragile
Dressing type	Skin Protection concept map	Alginate, cellulose gelling fibre, hydrogel, semitransparent film, low-adherent primary contact dressing, absorbent dressing, antimicrobial dressing, hypertonic saline, etc
Protective device type	Skin Protection concept map	Medical grade sheepskin, gel pads/boots/cushions/seats/chairs, low air loss,
Dryness prevention type	Skin Protection concept map	Emollient, moisturiser, barrier preparation cream / wipe, stable environmental temperature
Urine management device type	Moisture management concept map	Nappy, incontinence pad,



Body position	Pressure redistribution concept map	Semi-recumbent, semi-fowlers, fowlers position, high-fowlers position
Education method	Education concept map	In-service education, self-directed learning, conference, workshop
Healing status	Outcome model concept map	Amputation, surgical debridement, plastic surgical intervention, senescent, contracture, primary closure, primary intention, secondary intention
Oedema, moisturise, etc	Edema, moisturize etc.	Need Australian terminology

Missing terminology	
Primary intention	
Secondary intention	
Delayed primary intention	
Wound edge - Raised Undermined Tunnelling / tracking / sinus / fistula Sloping Punched Calloused Inverted Everted	
Wound size Area	
Wound dressing categories (Numerous)	
Wound types Venous leg ulcer Mixed venous / arterial leg ulcer Arterial leg ulcer Neuropathic foot ulcer Neuroischaemic foot ulcer Skin tear Malignant / fungating wound Traumatic wound Primary or secondary lymphoedema Lipoedema Carbuncles / boils Impetigo Epidermolysis bullosa	
Wound / skin characteristics Haemosiderin staining Telegectasia Atrophie blanche Hyperkeratosis	



Varicose veins Dependent rubor Elevation pallor Lipodermatosclerosis Papilloma Contact dermatitis Eczema / dermatitis Folliculitis Pustules Capillary refill time	
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Summary feedback – your overall view

1. Comprehensiveness

Is the SNOMED CT term set sufficiently comprehensive for electronic recording of skin and wound assessment findings in electronic records? YES ~~NO~~

Comment:

Yes but I think that there should be a focus on wound assessment as the basis for informing all other wound aetiologies. For example, this data set focuses predominantly on pressure injuries and does not take into account other wound types such as venous leg ulcers, diabetic foot ulcers, skin tears etc. If wound assessment as a category was focussed on in terms of identifying overarching terminology then this would inform subsequent data sets and help to avoid missing terms.

2. Accuracy

Are the SNOMED CT terms unambiguous and understandable? YES ~~NO~~

Comment:

3. Acceptability

Are the SNOMED CT terms professionally acceptable i.e. are they consistent with those used in evidence based guidelines / standards? YES ~~NO~~

Comment:

Yes. However there are new Australian guidelines available for pressure injuries and venous leg ulcers. These are:



The *Australian and New Zealand clinical practice guideline for prevention and management of venous leg ulcers* has been developed by the Australian Wound Management Association Inc in conjunction with the New Zealand Wound Care Society.

This guideline is the first of its kind developed for the Australian clinical environment. The guideline presents a comprehensive review of the assessment, diagnosis, management and prevention of venous leg ulcers within the health care context.

Hard copies of the publication can be ordered from the Australian Wound Management Association at www.awma.com.au. Further information: nhmrc.publications@nhmrc.gov.au

The *Clinical Practice Guideline for the Prevention and Management of Pressure Injury* has been developed by the Australian Wound Management Association (AWMA) and its subcommittee the Australian Pressure Injury Advisory Panel in partnership with independent, multidisciplinary experts throughout Australia and the New Zealand Wound Care Society, the Nursing Service, Ministry of Health, Singapore and Hong Kong Enterotomal Therapists Association. These are available at: www.awma.com.au.