WHEREAS, Evidence suggests that United States and Worldwide skin tone demographics continue to shift. Stage I Pressure Injury (PI) in people with dark skin tone is often missed. Similarly, Deep Tissue Injury (DTI) PI is discovered at a later stage with a larger size in darker skin tone as compared to light skin tone people;

AND WHEREAS, Evidence suggests that a higher rate (16.6%) of PI has been reported among darker skin tone patients who were admitted to nursing homes as compared to lighter skin tone (8.4%). Among all ethnic and racial groups, darkest skin tone patients have the highest prevalence of severe PI (Stage III-7% and IV-8%) as compared to the lighter skin tone PI (Stages III and IV-3%). The gap analysis manifests inadequate knowledge of clinical skin assessment for dark skin tones. It is also evident that mere visual inspection of the skin and widespread reliance on blanching is incomplete and unreliable;

AND WHEREAS, Evidence suggests that there is a need for objective skin assessment based on the Standardized criteria of skin evaluation versus ethnic or culturally based skin description (Asian, African, American, Korean, others). Some of the objective assessment tools for skin tone classification are, but not limited to Fitzpatrick Classification Scale, The Skin Tone Color Scale System, Eumelanin Human Skin Color scale. Standardized visual inspection practices in terminology and technique ensure consistency among various clinicians’ assessments at the same or variable time;

AND WHEREAS, Evidence suggests that clinical assessment in conjunction with augmented visual technology utilized for skin assessment (Examples are Sub Epidermal Moister Technology, and Long Wave Infrared Technology) has suggested its usefulness in early detection, reducing the incidence and increasing the healing rate of PI patients with all skin tones;

AND WHEREAS, assessment of dark skin tones for presence of stage I PI or deep tissue injury through identification of skin redness or blanching is unreliable. Standardizing
inspection of dark skin for discoloration, subtle temperature changes, edema, changes in
tissue consistency and pain are required to improve detection of early PI development in
dark skin.

THEREFORE BE IT RESOLVED, that AMDA—The Society for Post-Acute and
Long-Term Care Medicine, encourages and facilitates clinicians to play an active role in
educating and training facility staff and leadership regarding standardization of visual
inspection practices with reference to terms and technique of skin assessment and ensure
consistency among various clinical assessments. The Society should provide them tools
to teach the standardized process and incorporate evaluation of facility practices. The role
of the clinician in their educational sessions should include, but not limited to,
identifying, and minimizing the knowledge gap and inclusivity in regard to representation
of diverse skin tone.

FISCAL NOTE:
If passed by the House of Delegates and adopted as Society policy by the Board of
Directors, the fiscal impact of this would be low, as it would be incorporated into
AMDA’s existing and ongoing education work.

RESOLUTION RESULTS: <FOR AMDA OFFICE ONLY>

Skin Tones from the National Pressure Injury Advisory Panel. Adv Skin Wound Care. 2023 Sep
(3). www.woundssinternational.com