

IN-HOUSE PRESSURE ULCER INVESTIGATION FORM

Directions: Complete when a pressure ulcer develops after admission to the facility.

Resident: _____ **Room #/Unit:** _____

RISK STATUS:

Pressure Ulcer Risk Assessment Score: _____ Risk Level: At Risk Moderate Risk
 High Risk Severe Risk

Prevention interventions addressed on most recent MDS: Yes No

Prevention interventions addressed on the care plan: Yes No

UNAVOIDABLE STATUS:

A. A determination that a pressure ulcer was unavoidable may be made only if routine preventive care is provide including: (*check if documentation verifies*)

- _____ Consistent turning and positioning
- _____ Use of pressure reduction surface
- _____ Good skin care (clean, protect from moisture)
- _____ Clean and dry bed linens
- _____ Maintain adequate nutrition and hydration as possible

B. If routine preventive care was provided (as indicated in A above), assess for presence of primary risk factors. Clinical conditions that are primary risk factors for developing pressure ulcers are immobility and:

1. The presence of two or more of the following diagnoses (check all that apply):

- _____ severe PVD
- _____ Diabetes
- _____ severe COPD
- _____ Paraplegia
- _____ Quadriplegia
- _____ Sepsis
- _____ Chronic bowel incontinence
- _____ Chronic Urinary Tract Infection
- _____ End Stage Cancer
- _____ Chronic End Stage Renal Disease
- _____ Chronic End Stage Liver Disease
- _____ Chronic End Stage Heart Disease
- _____ Disease or drug related immunosuppression

2. The presence of two or more of the following treatments (check all that apply):

- _____ steroid therapy
- _____ radiation therapy
- _____ head of the bed elevated most of the day due to medical necessity
- _____ chemotherapy
- _____ renal dialysis

3. Malnutrition/Dehydration (due to appetite or disease indicate by following lab values):

- _____ albumin below 3.4 G/dl
- _____ hgb less than 12 mg/dl
- _____ serum transferrin below 180 mg/dl
- _____ weight loss more than 5% last month
- _____ weight loss or gain of 3 lbs or more

4. If lab values unavailable, assess for clinical signs (check all that apply):

- | | |
|--|---|
| <input type="checkbox"/> red swollen lips | <input type="checkbox"/> bilateral edema |
| <input type="checkbox"/> pale skin | <input type="checkbox"/> muscle wasting |
| <input type="checkbox"/> poor skin turgor | <input type="checkbox"/> calf tenderness |
| <input type="checkbox"/> cachexia | <input type="checkbox"/> reduced urinary output |
| <input type="checkbox"/> swollen, dry tongue with scarlet or magenta hue | |

5. Moribund (terminally ill, comatose, semi-comatose) and life measures have been withdrawn, or if treatment is limited by Advance Directive. Under these circumstances, pressure ulcer(s) may be clinically difficult to prevent. Check if appropriate, and explain: _____

PREVENTIVE MEASURES:

Aggressive preventive measures specific to the resident's unique risk factors were initiated and implemented (check all that apply):

- | | | |
|------------------|------------------------------------|-------|
| Immobility | Turning and Positioning Schedule | _____ |
| Nutritional Risk | Nutritional Consultation | _____ |
| | Attempts to ensure adequate intake | _____ |
| Incontinence | Incontinency Management Plan | _____ |
| | Skin Protection | _____ |

PRESSURE ULCER HISTORY:

History of pressure ulcer(s) Yes No if yes, site: _____

Location of past development Hospital other _____

Date of last occurrence: _____

SUMMARY:

If Unavoidable, has the physician written a note? Yes No

If the pressure ulcer was avoidable, what performance improvement measures have been implemented?

Completed by: _____

Date: _____