

Pressure Ulcer Checklist

Name of Facility: _____ **Date:** _____

This checklist may be used to assess processes related to managing pressure ulcers in the facility and identify areas that need improvement. This checklist should be completed by a DON/DNS, QI Nurse, or other team leader with considerable knowledge of the facility's policies and actual processes, while consulting with other staff as needed.

| A. Pressure Ulcer Screening/Care Planning | Y or N | Person Responsible | Comment |
|---|--------|--------------------|---------|
| 1. Are all residents screened for pressure ulcer risk, using a risk assessment tool (such as the Braden Scale or Norton Scale), on admission (and q week x4), on readmission, with condition change and with each MDS assessment? | | | |
| 2. Do residents at high-risk for pressure ulcers receive a daily skin inspection? Do all residents receive a skin inspection with each bath or shower? | | | |
| 3. Do care plans for residents include the following factors (and related interventions, as appropriate): <ul style="list-style-type: none"> • Mobility and the ability to reposition in bed or chair • Pressure reduction or pressure re-distribution devices • Urinary/fecal incontinence and other sources of moisture • Nutrition, hydration, supplements, feeding assistance, dietary consult • Wound treatments (if applicable), monitoring for infection and pain • Skin inspections | | | |
| 4. Is a system in place for changing a patient's plan of care when there are changes in the skin condition, or if new pressure ulcer risk factors are identified? | | | |
| 5. Is a system in place for communicating any and all care plan changes to the front-line caregivers? | | | |

| B. Assessment and Documentation | Y or N | Person Responsible | Comment |
|--|--------|--------------------|---------|
| 1. Does your current assessment and documentation of pressure ulcers include: <ul style="list-style-type: none"> • Measurements (length, width, depth), location and stage • Exudate (amount, color, consistency, odor) • Description of tissue visible in wound bed • Location and extent of tunneling, undermining, sinus tracts, if present • Description of peri-wound tissue (color, temperature, bogginess and fluctuation) • Wound-related pain | | | |
| 2. Does a process exist for assessing ulcers at least every seven days, or more often if the wound is worsening? | | | |
| 3. Are the following factors considered in assessments and re-assessments: <ul style="list-style-type: none"> • Mechanical forces (shearing, friction and pressure) • Pronounced bony prominences • Poor nutrition • Altered cutaneous sensation • Evidence of history of previous ulcers | | | |
| C. Treatment and Prevention | Y or N | Person Responsible | Comment |
| 1. Do you utilize a tracking form <i>for each pressure ulcer</i> so that you can easily determine if an area is showing improvement? | | | |
| 2. Do you have protocols to follow if the current treatment is ineffective and the ulcer shows no sign of improvement within 14 days? | | | |
| 3. Does weekly documentation include an assessment for signs and symptoms of infection? | | | |
| 4. Do you have a protocol for management of tissue pressure? (e.g., positioning, pressure relieving mattresses, dynamic mattress overlay, etc.) | | | |
| 5. Are there preventative/pressure relieving devices for all residents who need them (mattresses, cushions, etc.)? <ul style="list-style-type: none"> • Are these devices readily accessible to staff? • Is there a process to monitor that devices are maintained in good condition? | | | |

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| 6. Does your facility have a designated nurse skilled in skin care and pressure ulcer prevention and treatment who acts in a consultant role to the other nurses | | | |
| 7. Does your facility have a physician or nurse who is skilled in wound/ostomy care, and does this person visit regularly? | | | |
| 8. Does your wound care process allow for a consistent nurse skilled in skin care and pressure ulcer prevention and treatment to assess, measure and document wounds? | | | |
| 9. Does your facility have a designated nurse skilled in skin care and pressure ulcer prevention and treatment who completes the treatments? Does the process include coverage for days off? | | | |
| 10. Does your facility have a system to ensure that wound assessment and documentation is completed at least every seven days for all wounds? | | | |
| 11. Is there a protocol for removing devices or braces, and checking skin for friction, shear or pressure? | | | |
| 12. Is there a process for members of an Interdisciplinary Team to be notified of new orders and changes in skin condition? | | | |
| 13. Is there a process for STNAs to be notified of changes in a resident's skin condition and of any new interventions? | | | |
| 14. Is there an audit process to ensure that physician's orders are followed through and that interventions are being implemented as ordered? | | | |
| 15. Is a list of possible nursing interventions for skin care and pressure ulcer prevention and treatment available to the nursing staff for the resident who is at risk of developing pressure ulcers? | | | |
| D. Policies | Y or N | Person Responsible | Comment |
| 1. Is there a policy statement regarding your facility's commitment to pressure ulcer prevention and management? | | | |
| 2. Are "evidence-based practices" used for prevention and treatment of pressure ulcers? What are the available sources of authoritative clinical information? | | | |
| 3. Is there an interdisciplinary and collaborative approach to pressure ulcer prevention and care? | | | |
| 4. Is a policy in place requiring that each nurse initials and dates their dressings? | | | |

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| 5. Is a policy in place to re-screen residents for pressure ulcer risk upon a significant change in condition? | | | |
| 6. Is a policy in place for communicating skin problems or changes to the MDS nurse? | | | |
| 7. Does a process exist for investigating the causes and related trends of all in-house acquired pressure ulcers? | | | |
| E. Education | Y or N | Person Responsible | Comment |
| 1. Are educational materials (e.g., handouts, posters, journals, internet, etc.) regarding skin care and pressure ulcer prevention and treatment available to front line staff? | | | |
| 2. Does a process exist for providing patient and family education related to prevention and treatment of pressure ulcers? | | | |
| 3. Is annual education and competency testing conducted with nursing assistants and nurses on the topic of pressure ulcer risk factors and prevention strategies? | | | |
| 4. Is education provided on orientation for new staff regarding pressure ulcer risk factors and prevention strategies? | | | |
| 5. Is annual education and competency testing conducted with all nurses regarding pressure ulcer assessments, measurements and documentation? | | | |
| 6. Is the appropriate level of education provided for all nursing staff levels? | | | |

Resources:

- Centers for Medicare & Medicaid Services. Medicare State Operations Manual, Appendix PP: F-Tag 314. http://cms.hhs.gov/manuals/downloads/som107ap_pp_guidelines_ltcf.pdf
- National Pressure Ulcer Advisory Panel and European Pressure Ulcer Advisory Panel. Prevention and Treatment of Pressure Ulcers: Clinical Practice Guideline. Washington DC: National Pressure Advisory Panel; 2009. Available at: www.npuap.org

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