

Pressure Ulcer Worksheet

Name

Medical Record #

Admission History

Age

Admit Date

Discharge Date

Medical History

Social history

Admitting Service

Admitting Unit

Diagnosis

Deceased

Unit Accountable

Other Involved Unit

Avoidable?

RN Assigned to Review

Modifiable Risk Factors

1) Positioned Q 2hr YES/NO

Name of RN(s) caring for patient when gaps in turning noted. Please include date and time gap. Add additional rows if needed.

Name of RN	Date	Time gap (i.e 0400-1030)

2) Skin Check Q Shift:

Name of RN(s) who did not complete skin check. Please include date

Name	Date

3) AVERAGE MOISTURE RISK SCORE

4) Pressure Redistribution Used

5) Pt Instruction Provided

6) Braden qd YES/NO

7) Unexpandable Medical Device

Non-Modifiable Risk Factors

Medically Required Treatment Created Risk Factors

Massive Edema YES/NO

Vasopressors YES/NO

Pathophysiology Created Risk Factors

Acutely Unstable YES/NO

Respiratory Instability (Yes/NO)

AVERAGE NUTRITION RISK SCORE

Vascular Insufficiency

Hypotension

Transplant Patient

Dialysis

Behavioral Created Risk Factors

Inability to decrease pressure at risk

Other QI Identified Risk Factors

Braden Score (average)

Albumin (average)

Hemodynamically Unstable

Bariatric (BMI>40)

Obese

Found Down

Vented/ETT

Prolonged Procedure >2h

Previous Pressure Ulcer

Glucose >180

ARDS

Tobacco Use

Prolonged OR Time >4h

Para/Quad

Comfort Care

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