

Comparing your Practice Pressure Ulcers

Name of Facility: _____

Date Reviewed: ____/____/20____

- DIRECTIONS:**
1. Enter the resident's clinical record number or initials.
 2. Review the clinical record for evidence of each practice.
 3. Enter a "Y" if it is identified or an "N" if it is not identified. (Reviewers may have N/A for some records.)
 4. Tally the number of "Y"s identified for each best practice, divide by the total number of applicable records reviewed to determine the percent.

	Clinical Record										TALLY		%
	1	2	3	4	5	6	7	8	9	10	# Yes	Total #	
	Enter Resident's Clinical Record ID # or Initials												
1.	Resident was assessed for risk of developing pressure ulcers using a standardized risk assessment tool (Braden, Norton, or Norton Plus) within 24 hours of admission, weekly for the first 4 weeks in the nursing home, and quarterly thereafter.												
2.	For residents at risk for developing pressure ulcers, plan of care incorporated interventions to address each of the resident's specific risk factors.												
3.	Resident received comprehensive skin assessment within 24 hours of admission.												
4.	For residents at risk for developing pressure ulcers, skin was inspected daily to detect new pressure ulcers.												
5.	For at-risk residents, appropriate pressure reducing support surfaces based on validated risk tool are on both bed and chair.												
6.	For at-risk residents with pressure-reducing support surfaces, the effectiveness of support surface ("bottoming out") is periodically checked per manufacturer's instructions.												
7.	For residents admitted with pressure ulcer(s), pressure ulcer was evaluated within 24 hours of admission and weekly thereafter.												
8.	For residents admitted with pressure ulcer(s), there is evidence that a treatment plan consistent with current professional standards was initiated for each pressure ulcer within 24 hours of admission.												
9.	For residents admitted with pressure ulcer(s), treatment plan was modified or documentation present stating why the current treatment plan should continue if no improvement in the wound by the end of the fourth week.												
10.	For residents with Stage II ulcers from friction or shear injury, the head of the bed is maintained at or below a 30-degree angle.												