

Hospital Center

PATIENT CARE SERVICES

PRESSURE ULCER PREVENTION & TREATMENT RECORD

Instructions:

- Check section of interventions that apply and enter "Date Initiated". *At Risk Patient with Total Score >8* requires preventive interventions and patient with pressure ulcer must have both prevention and treatment interventions.
- Enter initials into the box under the "Date and Shift"; and when revised/updated.

INTERVENTIONS	DATE AND SHIFT											
	/ /		/ /		/ /		/ /		/ /		/ /	
	N	D	N	D	N	D	N	D	N	D	N	D
<input type="checkbox"/> SECTION I Date Initiated: _____ <u>PRESSURE ULCER PREVENTION PROTOCOL</u> For patients "at risk: with the score of >8:												
<input type="checkbox"/> Assess skin each shift, with special attention to pressure points												
<input type="checkbox"/> Implement individualized repositioning schedule at least every 2 hours												
<input type="checkbox"/> Elevate patient's heels off the bed surface with pillow(s) when in bed.												
<input type="checkbox"/> Place pressure reduction/relief support surface.												
<input type="checkbox"/> Perform passive range of motion (ROM) or instruct patient to perform active ROM exercises to promote circulation.												
<input type="checkbox"/> Encourage mobility as tolerated.												
<input type="checkbox"/> Functional status re-assessed.												
<input type="checkbox"/> Referred to MD for PT/OT consult and add sticker to progress note.												
<input type="checkbox"/> Assess patient's nutrition and hydration status; supplement as indicated. Request dietary/nutrition consult.												
<input type="checkbox"/> Weigh patient weekly, if indicated.												
<input type="checkbox"/> If incontinent with urine and/or stool, evaluate for use of incontinence containment device (i.e., condom catheter, fecal incontinence pouch).												
<input type="checkbox"/> Apply moisture barrier ointment.												
Revised/Updated:												
<input type="checkbox"/> SECTION II Date Initiated: _____ <u>PRESSURE ULCER TREATMENT PROTOCOL</u> In presence of pressure ulcer(s):												
Wound Dressing: _____												
Date Initiated: _____												
Wound Dressing: _____												
Date Initiated: _____												
Therapy Bed: _____												
Date Initiated: _____												
Therapy Bed: _____												
Date Initiated: _____												
Debridement by MD												
Revised/Updated:												
Initial	Signature/Title		Initial	Signature/Title		Initial	Signature/Title		Initial	Signature/Title		