

REGIONAL MEDICAL CENTER

Pressure Ulcer Risk Assessment

GUIDELINES: Complete on admission and every Tuesday throughout hospital stay.
 Patient with a pressure ulcer risk score of 14 or less are placed on prevention and treatment pathway.

RISK PREDICTOR FOR SKIN BREAKDOWN

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SENSORY PERCEPTION ability to respond to discomfort	1. Completely Limited: Unresponsive to painful stimuli. OR limited ability to feel pain over most of body surface.	2. Very Limited: Responds only to painful stimuli. Cannot communicate discomfort verbally. OR has a sensory impairment which limits the ability to feel pain or discomfort over 1/3 of body.	3. Slightly Limited: Responds to verbal commands, but cannot always communicate discomfort or need to be turned. OR has some sensory impairment which limits ability to feel pain or discomfort in 1 or 2 extremities.	4. No Impairment: Responds to verbal commands. Has no sensory deficit which would limit ability to feel or voice pain or discomfort.						
MOISTURE degree to which skin is exposed to moisture	1. Consistently Moist: Skin is kept moist almost constantly by perspiration, urine, etc. Dampness is detected every time patient is moved or turned.	2. Very Moist: Skin is often, but not always moist. Linen must be changed at least once a shift.	3. Occasionally Moist: Skin is occasionally moist, requiring an extra linen change approximately once a day.	4. Rarely Moist: Skin is usually dry, linen only requires changing at routine intervals.						
ACTIVITY degree of physical activity	1. Bedfast: Confined to bed.	2. Chairfast: Ability to walk severely limited or non-existent. Cannot bear own weight and/or must be assisted into chair or wheelchair.	3. Walks Occasionally: Walks occasionally during the day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair.	4. Walks frequently: Walks a moderate distance at least once every 1-2 hours during waking hours.						
MOBILITY ability to change and control body position	1. Completely Immobility: Unable to make even slight changes in body or extremity position without assistance.	2. Very Limited: Makes occasional slight changes in body or extremity position but unable to make frequent or significant changes independently.	3. Slightly Limited: Makes frequent though slight changes in body or extremity position independently.	4. No Limitations: Makes major and frequent changes in position without assistance.						
NUTRITION usual food intake pattern	1. Very Poor: Never eats a complete meal. Rarely eats more than 1/3 of any food offered. Intake of protein is negligible. Takes even fluids poorly. Does not take a liquid dietary supplement. OR is NPO and/or maintained on clear liquids or IV's.	2. Probably Inadequate: Rarely eats a complete meal and generally eats only about 1/2 of any food offered. Protein intake is poor. Occasionally will take a liquid dietary supplement, OR receiving less than optimum amount of liquid diet supplement.	3. Adequate: Eats over half of most meals. Eats moderate amount of protein source 1-2 times daily. Occasionally will refuse a meal. Will usually take a liquid dietary supplement if offered. OR is on a tube feeding TPN regimen which probably meets most of nutritional needs.	4. Excellent: Eats most of every meal. Never refuses a meal. Occasionally eats between meals. Does not require a dietary supplementation.						
FRICTION AND SHEAR	1. Problem: Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently slides down in bed or chair, requiring frequent repositioning with maximum assistance. Specifically, contractures or agitation leads to almost constant friction.	2. Potential Problem: Moves feetily or requires minimum assistance. During a move, skin probably slides to some extent against sheets, chair, restraints or other devices. Maintains relatively good position in chair or bed most of the time but occasionally slides down.	3. No Apparent Problem: Moves in bed and in chair independently and has sufficient muscle strength to lift up completely during move. Maintains good position in bed or chair at all times.							
					Total					
					Initials					

Signatures:

Existing Pressure Sore?

Yes No

If Yes: Implement Clinical Pathway

Pt. at Low Risk (18-23)

- Routine Skin Care
- Encourage Activity
- Reassess q Tues.

Pt. at Risk 17 or less

- Implement Clinical Pathway

Codes:

Low Risk: 18-23

At Risk: 17 or less

