

**Document Checklist: For Pressure Ulcer Prevention and Management**  
**February 24, 2003**

Resident: \_\_\_\_\_

Date: \_\_\_\_\_

<b>PRESSURE ULCER: ASSESSMENT/PROBLEM RECOGNITION</b>			
<b>May relate to F Tags: F272, F314</b>	Yes	No	NA
1. Did the staff inspect and document the resident's skin condition upon admission?			
2. Did the staff evaluate the resident's skin condition periodically and identify changes?			
<u>Risk Review</u>			
3. Initially and periodically, did the staff identify factors that can influence the risk of developing or healing a pressure ulcer?			
4. Did the staff inspect the resident's skin condition when he/she acquired a new risk factor for developing a pressure ulcer?			
<u>Complications</u>			
5. Did the staff consider complications related to an existing pressure ulcer?			
<u>Description of existing pressure ulcers</u>			
6. Did the staff describe the characteristics of existing ulcers?			
<b>PRESSURE ULCER: DIAGNOSIS/CAUSE IDENTIFICATION</b>			
<b>May relate to F Tag: F314</b>			
<u>Categorization</u>			
7. Did the facility provide evidence to conclude that an ulcer was not pressure-related?			
8. Did the facility consider care-related process problems that may influence or contribute to the development or healing of a pressure ulcer?			
<b>PRESSURE ULCER: TREATMENT/PROBLEM MANAGEMENT</b>			
<b>May relate to F Tags: F279, F314</b>			
9. Did the staff consistently implement the interventions identified in physician orders and the care plan?			
10. Were the facility's interventions consistent with the resident's needs, risk factors, related conditions, goals, values and wishes?			
11. Did the staff address factors related to the development or healing of a pressure ulcer?			
<u>Pressure reduction</u>			
12. Did the staff use relevant pressure reduction methods in accordance with established principles?			
13. Did the staff turn and reposition the resident routinely in accordance with established techniques?			
<u>Management of Ulcers</u>			
14. Did the facility consistently manage specific aspects of care of a resident with a pressure ulcer?			

<b>PRESSURE ULCER: MONITORING</b>			
<b>May relate to F Tag: F314</b>			
15. Did the staff monitor the evolution of existing pressure ulcers?			
16. Did the staff adjust interventions based on the wound's evolution, underlying causes, medical complications, the resident's overall condition and prognosis, and other related factors?			
<u>Review of non-healing wounds</u>			
17. In residents with non-healing or progressively deteriorating wounds, did the staff assess for factors that might impede healing, and either adjust interventions accordingly or explain why the current interventions continued to be appropriate?			

Signature of Person(s) completing the form :

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_