Facility Acquired Pressure Ulcer Investigation Tool

Resident Name: ______________________________ Room Number: ______________

Date ulcer identified: ______________ Time/shift identified: __________

Ulcer properly diagnosed as a pressure ulcer?  □ YES  □ NO

If NO, what type of ulcer is it?  □ Diabetic ulcer  □ Venous stasis  □ Arterial ulcer

Is the new ulcer in a site of a previously healed ulcer, of any type?  □ YES  □ NO

Location of ulcer: __________________________ Stage at PU discovery: __________

Is resident a diabetic?  □ YES  □ NO  If Yes, are blood sugars within resident’s normal range? ______

Prevention strategies that were in place PRIOR to ulcer development:

Mattress Type: □ Overlay  □ Conventional  □ Low Air loss  □ Specialty bed  □ Other: ______

Turning & repositioning program:  □ YES  □ NO  Was it really done?  □ YES  □ NO

Heels floated? □  Chair cushion □  Incontinence/Moisture treatment: □ YES  □ NO

Daily skin assessments by CNA? □ YES  □ NO  Weekly Skin Assess by Licensed Staff: □ YES  □ NO

Nutritional interventions: □ Multi-vitamin  □ Vitamin C  □ Zinc  □ Other: ______________

Protein supplement: □ Daily  □ BID  □ TID

Is nutritional intake what RD recommends? □ YES  □ NO

Last 3 weights:  Date:_______  Date: _____  Date: _______  Last RD visit_______

Weight: _______  Weight: _____  Weight: _______

PU Risk Assessment Score: □ Norton  □ Braden  Date: __________ Score: _______

Risk assessments done: □ Weekly  □ Quarterly  □ Annually

Were risk assessments scores accurate?  □ YES  □ NO

Has resident been refusing PU prevention interventions? □ YES  □ NO  Treatment? □ YES  □ NO

NA Assignment updated □ YES  □ NO  Care Plan updated: □ YES  □ NO
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In the 72 hours prior to the pressure ulcer, did the resident have a change in? (Check all that apply)

☐ Urinary incontinence ☐ Bowel incontinence ☐ Mobility
☐ Pain level ☐ Activity level ☐ Medications
☐ Cognition ☐ Behavior ☐ Fall
☐ Assistive devices/orthotics ☐ Usual food intake ☐ Usual fluid intake
☐ Fever ☐ Breathing ☐ Hospice/Comfort care
☐ Other________________________

Root cause identified for pressure ulcer development:

___________________________________________________________________________________________
___________________________________________________________________________________________

Action Plan for Improvement:

___________________________________________________________________________________________
___________________________________________________________________________________________
___________________________________________________________________________________________
___________________________________________________________________________________________
___________________________________________________________________________________________

Signature of investigator:__________________________ Date of Investigation:____________

Signature of DON/DNS:____________________________ Date Plan Approved:______________

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