

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)

- | | | |
|--|---|---|
| <input type="checkbox"/> Urinary incontinence | <input type="checkbox"/> Bowel incontinence | <input type="checkbox"/> Mobility |
| <input type="checkbox"/> Pain level | <input type="checkbox"/> Activity level | <input type="checkbox"/> Medications |
| <input type="checkbox"/> Cognition | <input type="checkbox"/> Behavior | <input type="checkbox"/> Fall |
| <input type="checkbox"/> Assistive devices/orthotics | <input type="checkbox"/> Usual food intake | <input type="checkbox"/> Usual fluid intake |
| <input type="checkbox"/> Fever | <input type="checkbox"/> Breathing | <input type="checkbox"/> Hospice/Comfort care |
| <input type="checkbox"/> 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: _____