

DECUBITUS ULCER CHECKLIST

Instructions:

Proactive Risk Management: If a person receiving services/supports has this identified risk factor, this checklist can be utilized when developing and/or reviewing/revising a risk plan.

Educational Tool: Training curriculum, both general and individual-specific, can incorporate the information on this checklist.

Addressing Specific Incidents: As an incident occurs, the team can work through the variables that could have been contributing factors and ensure appropriate actions are taken to reduce the likelihood of a future incident of a similar manner.

Issue	#	GENERAL QUESTIONS
<input type="checkbox"/>	1	What is the stage of the ulcer (stage I, II, III, IV)?
<input type="checkbox"/>	2	Is there a diagnosis that can contribute to ulcer development (e.g., spina bifida, terminal cancer, etc.)?
<input type="checkbox"/>	3	Was there a decline in functional status prior to ulcer development? If so, include the reason for decline (e.g., stroke, worsening dementia, heart failure, etc.).
<input type="checkbox"/>	4	Was a Braden Scale of Pressure Ulcer Risk Assessment completed? If so, include the date of assessment.
<input type="checkbox"/>	5	When was the ulcer first discovered? When was the most recent head-to-toe assessment completed prior to discovery of a decubitus ulcer? What was the date of the last document indicating skin had no signs of injury (no decubiti noted)?
<input type="checkbox"/>	6	Is there a written positioning schedule?
<input type="checkbox"/>	7	If appropriate to the location of the ulcer, what type of mattress has been used (name, brand, description)? How long has it been in use for this person?
<input type="checkbox"/>	8	What is the level of mobility (e.g., ambulatory, chair bound, bed bound, quadriplegic)?
<input type="checkbox"/>	9	Are any devices (e.g., wedges, heel protectors, etc.) used to relieve pressure at that body site and/or other sites?
<input type="checkbox"/>	10	Are there any positioning aids (e.g., trapeze, bed rails, etc.) being used?
<input type="checkbox"/>	11	If there is a wheelchair, is it being used? Are footrests being used?
<input type="checkbox"/>	12	Is there a bowel and bladder toileting program?
<input type="checkbox"/>	13	What is the date of the last physical therapy assessment?
<input type="checkbox"/>	14	What is the date of the last occupational therapy assessment?
<input type="checkbox"/>	15	What is the date the decubitus ulcer is considered healed?
<input type="checkbox"/>	16	Is there a history of prior decubiti? If so, indicate date of onset, stage and location.
<input type="checkbox"/>	17	Describe the type of dressing being utilized.
<input type="checkbox"/>	18	Have there been any complications (e.g., abscess, cellulitis, sepsis, osteomyelitis)?
<input type="checkbox"/>	19	Was a wound clinic/wound specialist consulted?

RELATED TO HOSPITAL STAY

	20	If the person returned from the hospital with a decubitus ulcer:
<input type="checkbox"/>	a.	Was an ulcer present prior to transfer to the hospital?
<input type="checkbox"/>	b.	Is a copy of the transfer packet of information sent to the hospital available?
<input type="checkbox"/>	c.	Was a skin assessment completed prior to transfer to the hospital?
<input type="checkbox"/>	d.	Was a skin assessment completed upon return from the hospital?
<input type="checkbox"/>	e.	What was the stage upon the return from the hospital (include location(s), dimension(s), etc.)?

NUTRITIONAL ISSUES

<input type="checkbox"/>	21	What is the date of the last nutritional assessment?
<input type="checkbox"/>	22	Are dietary supplements (e.g., formula, zinc, vitamins) provided?
<input type="checkbox"/>	23	Is intake recorded? If so, who reviews this intake log? What is the frequency of the review?
<input type="checkbox"/>	24	What is the most recent albumin level (along with date)? (or other lab values followed by agency)

MONITORING AND DOCUMENTATION

<input type="checkbox"/>	25	What are the monthly weights for the past six months?
<input type="checkbox"/>	26	Include the temperature record for the past 30 days.
<input type="checkbox"/>	27	Is pain monitored? How is it recorded? What treatment is provided?
<input type="checkbox"/>	28	Are serial photographs used to document change in the decubitus ulcer?
<input type="checkbox"/>	29	Is there a measuring tool in the photographs?
<input type="checkbox"/>	30	Is there a decubitus tracking/monitoring log? How is the decubitus ulcer monitored?
<input type="checkbox"/>	31	Include the dates of all team meetings within the past six months about decubitus care and progress.

STAFF TRAINING ISSUES

Note: Training should be competency-based (hands-on implementation of procedures to ensure staff understand and can perform)

<input type="checkbox"/>	32	Have direct support staff been formally trained on decubitus care/prevention?
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MONITORING BY MANAGEMENT

<input type="checkbox"/>	33	Have other individuals in this home experienced decubitus within the past 12 months?
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PERTINENT DOCUMENTATION

<input type="checkbox"/>	34	Copy of person's risk plan relative to decubitus ulcers
<input type="checkbox"/>	35	Copy of person's positioning plan/schedule
<input type="checkbox"/>	36	Copy of person's Braden Scale of Pressure Ulcer Risk Assessment
<input type="checkbox"/>	37	Staff training records regarding decubitus care/prevention (ALL settings - home and day programs)

Note: Training should be competency-based (hands-on implementation of procedures to ensure staff understand and can perform)

Name: _____

Date: _____