

# 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:

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Action Plan for Improvement:

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Signature of investigator: \_\_\_\_\_

Date of Investigation: \_\_\_\_\_

Signature of DON/DNS: \_\_\_\_\_

Date Plan Approved: \_\_\_\_\_