

## Nursing Home Pressure Ulcer Self-Assessment Worksheet

(Please submit one form per facility and keep a copy for your team.)

Name of Nursing Home: \_\_\_\_\_

City or Town: \_\_\_\_\_

Use this worksheet to review your current processes for preventing and managing pressure ulcers in your nursing home (NH). Use the scale below to mark the box that best describes the frequency for each item.

4 represents that this **ALWAYS** happens

2 represents that this **SELDOM** or **RARELY** happens

3 represents that this **FREQUENTLY** or **USUALLY** happens

1 represents that this **NEVER** happens

Process		4	3	2	1
1	Our NH performs a comprehensive pressure ulcer risk assessment within the first 24 hours of admission. Please indicate what tool: Braden _____ Norton _____ Other _____				
2	Our NH performs a head-to-toe skin inspection prior to or at bedtime the day of admission.				
3	Our NH implements interventions that correlate with each identified risk factor after admission risk assessments are performed.				
4	Our NH performs daily skin inspections by the nursing assistants and results are reported to the appropriate staff.				
5	Our NH performs weekly skin assessments by the licensed staff and changes are addressed.				
6	Our NH monitors pressure ulcer risk factors on an ongoing basis... Weekly for the first four weeks after admission _____ With a change of condition _____ Quarterly _____				
7	Our NH effectively communicates results of both risk assessments and routine skin assessments to all appropriate staff including CNAs.				
8	Our NH informs residents and families about the resident's pressure ulcer risk.				
9	Our NH follows written processes (policies and procedures) for pressure ulcer prevention.				
10	Our NH provides pressure ulcer prevention training as part of the orientation process.				
11	Our NH provides pressure ulcer prevention training/in-servicing on an ongoing basis to all staff. (Fill in how often per year _____)				
12	Our NH educates residents and families about pressure ulcer prevention and how they can help prevent pressure ulcers.				
13	Our NH actively involves residents in care planning.				
14	Our NH actively involves families in care planning.				
15	Our NH involves CNAs in care planning.				
16	Our NH implements policies and procedures/protocols when a new pressure ulcer is identified.				
17	Our NH discusses pressure ulcer treatment options with residents and families to arrive at treatment decisions and keeps them informed of treatment progress.				
18	Our NH uses the PUSH tool for tracking progress on existing pressure ulcers.				
19	Our NH changes pressure ulcer treatments/interventions after two weeks if no improvement is assessed.				
20	Our NH uses decision-making tools to determine the type of support surface needed for individual residents.				
21	Our NH tracks residents with both nosocomial pressure ulcers and those admitted with pressure ulcers.				

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Please complete the following questions.

22	Does your NH practice consistent assignments (staff member is assigned to the same residents at least 85% of the time)?				
	CNAs		Yes		No
	Licensed staff		Yes		No
23	Does your NH use a multi-disciplinary team approach for pressure ulcer prevention?		Yes		No
	Please list what disciplines are included on the team.				
24	Does your NH have at least one nurse who has specialized training in wound care and management?		Yes		No
25	Does your NH have designated nurses who measure and document on all wounds consistently?		Yes		No
26	Perineal cleansers are readily available to CNAs.		Yes		No
27	Moisture barrier products are readily available to CNAs.		Yes		No
28	Various support surfaces or pressure prevention items are readily accessible.		Yes		No
	Please check all support surfaces available and add any not listed.				
	Extra pillows	Chair cushions	Pressure reducing mattresses	Pressure relieving mattresses	Others, list below
29	List or describe any barriers or issues that impede pressure ulcer prevention and/or care.				
27	Identify anything that you need or that would assist you in improving pressure ulcer prevention or care in your nursing home.				
Names of people involved with completing this assessment					
Date of completion					