

(Sample) Pressure Ulcer Guidelines

When a pressure ulcer occurs the following guidelines should be followed:

1. Obtain the "Pressure Ulcer Weekly Assessment Form".
 - a. Front of Form
 - i. Fill in the top with the date the area was identified and the site.
 - ii. Measure the ulcer and fill in the parameters:
 1. Date
 2. Site
 3. Stage
 4. Length x Width x Depth in cm.
 6. Tunneling (use clock face for position & measure in cm, e.g. at 6 o'clock, 3 cm)
 7. Undermining (use clock face for position & measure in cm as above)
 8. Exudate (drainage): note color, amount, & consistency.
 9. Odor (foul odor may be a sign of infection)
 10. Pain
 11. Periwound tissue (erythematous, indurated, edematous, fluctuant, macerated, warm, etc.)
 12. Wound Bed (describe each type of tissue present: granulation, slough, eschar, etc. and to what percent: 50%, 30%, etc.)
 - b. Back of Form
 - i. Locate site with number and date on the diagram.
 - ii. Fill in the date, stage and site on the corresponding line below the diagram.
2. Notify Physician.
3. Notify Significant Other.
4. Order Lab studies for hemoglobin, hematocrit, albumin, prealbumin, BUN & creatinine.
5. Consider starting the following medications as agreed by physician, and dietician: Multivitamin 1 po qd, Vitamin C 500mg 1 po qd, and Zinc (elemental) 50 mg 1 po qd during acute phase of ulcer.
6. Order Therapies to screen on all pressure ulcer stage II or greater.
7. Send Dietary slip to dietary indicating pressure ulcer with stage noted.
8. Notify Dietary Consultant to assess nutritional needs.
9. Order protein supplement as indicated. (Arginaid, etc)
10. Evaluate pressure relief devices and provide new ones as indicated.
11. Follow (identify which) Protocol (e.g. Carrington, Medline, etc.) for the treatment of pressure ulcers according to stage of ulcer. If question of infection notify the ADON for evaluation of treatment.
12. Contact Pharmacy to evaluate if present medications are a risk factor.
13. If pain is present, obtain an order for pain medication. (possible topical opioid)
14. Notify ADON.
15. Complete a change in condition report and send to the ADON.
16. Place treatment on Treatment Record.
17. Place information on "Acute Charting Form". Under comments write assessment is done on the "Pressure Ulcer Weekly Assessment Form".
18. Initial Nurses notes should include:
 - a. Notification of Significant Other by name.
 - b. Notification of physician.
 - c. Notification of dietary consultant.
 - d. Notification of pharmacist for evaluation of present medications.
 - e. Location and size (width, depth, length) of ulcer.
 - f. Tunneling or undermining if present.
 - g. Presence or absence of drainage. Note the color, amount, consistency and odor if present.
 - h. Description of the periwound tissue.
 - i. Description of the wound bed.
 - j. Presence or absence of pain.
 - k. The type of treatment started.(e.g. Carrington Protocol for stage ____ PrU)
 - l. Any pressure relief devices applied or already in use.
 - m. Notification of ADON.

Pressure Ulcer Weekly Assessment

Site 1	Date Identified:			Date Healed:		Site 5	Date Identified:			Date Healed:	
Site 2	Date Identified:			Date Healed:		Site 6	Date Identified:			Date Healed:	
Site 3	Date Identified:			Date Healed:		Site 7	Date Identified:			Date Healed:	
Site 4	Date Identified:			Date Healed:		Site 8	Date Identified:			Date Healed:	
Date	Site	Length by width (cm)	Depth (cm)	Tunneling	Undermining	Exudate	Odor	Pain	Periwound tissue	Wound bed	Signature

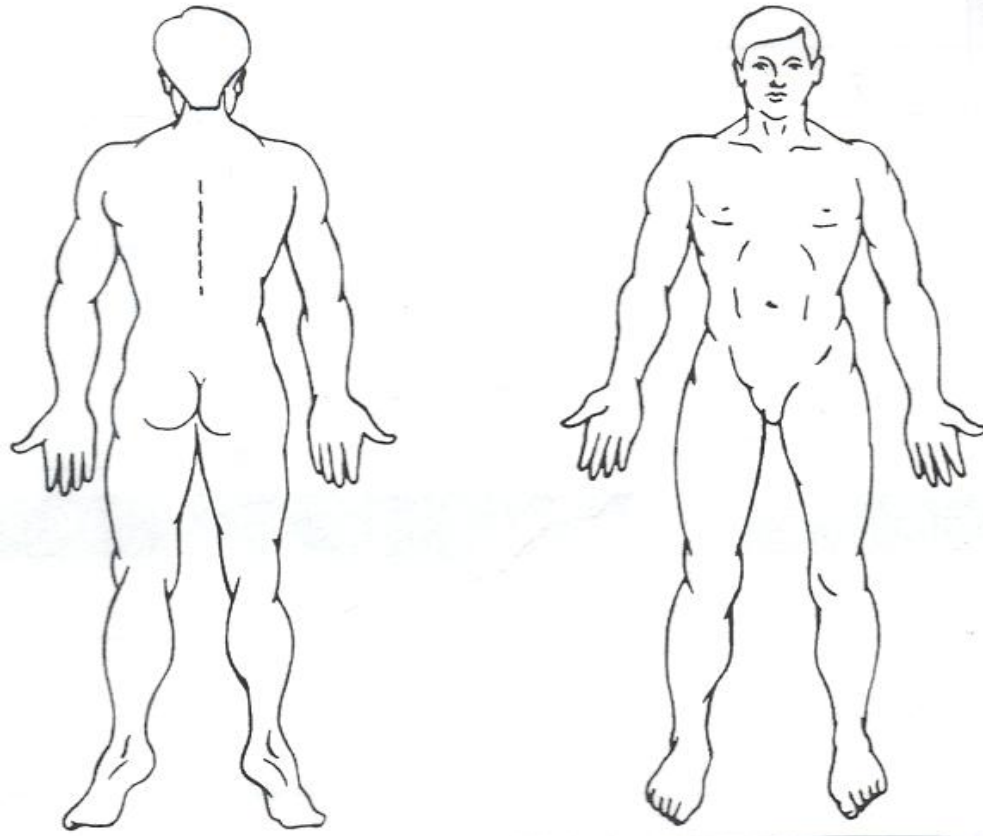
- * Periwound tissue should be palpated and describe as erythematous, indurated, edematous, fluctuant, macerated or warm.
- ** Wound bed should be a description of the type of tissue present (granulation, slough, eschar) and the percent of the wound bed it covers (50% 30% 70%, etc.)

Room # _____ Resident Name _____ Physician Name _____



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Comments:

Site 1	
Site 2	
Site 3	
Site 4	
Site 5	
Site 6	
Site 7	
Site 8	