

**Johnson County Nursing Center
Department of Nursing Services**

Pressure Ulcer Guidelines

When a pressure occurs the following guidelines should be followed:

- 1. Obtain Pressure Ulcer Weekly Assessment form.
 - A. Front of Form
 - 1. Fill in the top with date identified & site.
 - 2. Measure the ulcer and fill in the parameters.
 - a. Date b. Site c. Stage d. Length by Width (cm) e. Depth (cm)
 - f. Tunneling: Time/cm (ie. 6p .8cm) g. Undermining: Time/cm (ie. 3p 4cm)
 - h. Exudate/Drainage: (color, amount, & consistency)
 - i. Odor: foul odor can be a sign of infection j. Pain
 - k. Periwound Tissue should be palpated and described if erythematous, indurated, edematous, fluctuant, macerated or warm.
 - l. WOUND SURFACE give a description of the type of tissue present. When there is a combination of tissue type each type should be identified (ie. 50% granulation & 50% yellow slough).
 - B. Back of Form
 - 1. Locate site with number and date and place information on diagram.
 - 2. Fill in the bottom with date, stage & site. Description is done on the front as the 1st entry.
- 2. Lab studies for hemoglobin, hematocrit, albumin, prealbumin, BUN & creatinine are ordered.
- 3. Medications started Multivitamin 1 po qd, Vitamin C 500mg 1 po qd, and Zinc* (elemental) 50mg 1 po qd.
- 4. Therapies screen is ordered on all pressure ulcer stage II or greater.
- 5. Dietary slip is sent to dietary indicating Pressure Ulcer with stage.
- 6. Dietary Consultant is notified to assess nutritional needs. 913-381-7803
- 7. Protein supplement is ordered as indicated. (Promod, Arginaid)
- 8. Pressure relief devices are evaluated and new ones provided as indicated.
- 9. Follow Carrington Protocol for the treatment of pressure ulcers according to stage of ulcer. If question of infection notify the ADON for evaluation of treatment.
- 10. Pharmacy contacted to evaluate if present medications are a risk factor.
- 11. Pain present obtain order for pain med. (Possible topical opioid)
- 12. Physician notified.
- 13. Significant other notified.
- 14. ADON notified and a Change in Condition Report is filled out and sent to ADON.
- 15. Place treatment on Treatment Record.
- 16. Place information on Acute Charting Form. Under comments write assessment is done on the "Pressure Ulcer Weekly Assessment Form".
- 17. **Nurses notes [initial charting only].**
 - a. Notification of Significant other by name.
 - b. Notification physician.
 - c. Notification dietary consultant.
 - d. Notification of pharmacy for evaluation of present medications.
 - e. Describe the location, size width, depth and length. If any tunneling or undermining.
 - f. Presence or absence of drainage. Color, amount, consistency & odor if present.
 - g. Describe Periwound Tissue.
 - h. Describe wound surface.
 - i. Record if pain present or absent.
 - j. Type of treatment started. (Use Carrington Protocol in the Policy and Procedure Manual for type of treatment according to stage of ulcer.)
 - k. Pressure relief devices applied.
 - l. Notification of ADON.