

Hospital Pressure Ulcer Self-Assessment Worksheet

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

Name of Hospital: _____

City or Town: _____

Use this worksheet to review your current processes for preventing and managing pressure ulcers in your hospital. 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 hospital performs a comprehensive pressure ulcer risk assessment within the first 24 hours of admission. Please indicate what tool: Braden _____ Norton _____ Other _____				
2	Our hospital performs a comprehensive pressure ulcer risk assessment at least daily during the hospital stay.				
3	Our hospital implements designated interventions that correlate with each identified risk factor after admission risk assessments are performed.				
4	Our hospital consistently performs daily skin inspections by the licensed staff and changes are addressed.				
5	Our hospital monitors risk factors on an ongoing basis such as with a change of condition.				
6	Our hospital communicates results of both risk assessments and routine skin assessments to appropriate staff.				
7	Our hospital informs patients and families about the patient's pressure ulcer risk.				
8	Our hospital follows up-to-date written processes (policies and procedures) for pressure ulcer prevention.				
9	Our hospital provides pressure ulcer prevention training as part of the orientation process.				
10	Our hospital provides pressure ulcer prevention training on an ongoing basis. (Fill in how often per year _____)				
11	Our hospital actively involves nurse aides in care planning.				
12	Our hospital educates patients and families about pressure ulcer prevention and how they can help prevent pressure ulcers.				
13	Our hospital discusses pressure ulcer treatment options with patients and families to arrive at treatment decisions and keeps them informed of treatment progress.				
14	Our hospital actively involves patients in care planning.				
15	Our hospital actively involves families in care planning.				
16	Our hospital implements protocols when a new pressure ulcer is identified.				
17	Our hospital uses decision-making tools to determine type of support surface needed for individual patients.				
18	Our hospital tracks patients with both nosocomial pressure ulcers and those admitted with pressure ulcers.				

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Please complete the following questions.

19	Does your hospital practice consistent assignments with licensed staff? Briefly describe your practice of licensed staff assignments.	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
20	Does your hospital have a multi-disciplinary team approach to pressure ulcer prevention? Please list what disciplines are included on the team.	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
21	Does your hospital have at least one nurse who has specialized training in wound care and management?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
22	Does your hospital have one or two designated nurses who measure and document on all wounds consistently?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
23	Perineal cleansers are readily available to nursing staff.	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
24	Barrier products are readily available to nursing staff.	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
25	Various support surfaces are readily accessible and/or can be delivered/implemented within 4 hours of order. Please list what support surfaces are utilized.	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
26	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 hospital.				
Names of people involved with completing this assessment					
Date of completion					