

**Rest Haven – York
Pressure Ulcer Protocol
Avoidable versus Unavoidable Form**

_____ D.O.B. _____

Date Ulcer First Identified: _____ Stage: _____

Brief Description:

Did a Braden Score identify the resident at risk (score of 18 or less)? (Circle) Y N

Were risk factors identified on the Pressure Ulcer Risk Factors form? (Circle) Y N

List all Prevention & Early Intervention strategies utilized for this resident prior to the development of the pressure ulcer:

Current Co-Factors that Place this Resident At Risk for Pressure Ulcers	Yes	No
Cardiovascular conditions (CHF, PVD, Stroke)		
Depression, Psychosis or using anti-psychotics		
Decreased mental functioning		
Generalized physical deconditioning and inactivity		
Impaired sensation, paresis or neuropathy		
Infection		
Impaired nutrition or dehydration or decreased food/fluid intake		
Edema		
Diabetes Mellitus		
Immune Deficiencies		
Respiratory Conditions		
Malignancies		
Unstable Medical Condition		
Pain		
Other – Specify:		

Additional Resident Behaviors/Characteristics that increase risk	Yes	No
Exposure to moisture (perspiration/incontinence)		
Shearing/Friction during moving/repositioning		
Intense or unrelieved pressure		
Non-adherence / Non-compliance		
Other – Specify:		
Other – Specify:		

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Malnutrition/Dehydration Indicated by the Following Lab Values:	Yes	No
Serum albumin < 3.4 g/dl or Prealbumin < 17 mg/dl		
Weight loss > than 10% during last month		
Hgb < 12 mg/dl		
Other – Specify:		

Routine, Prevention & Early Intervention Strategies Utilized	Yes	No
Turning/Repositioning/Pressure Redistribution		
Pressure Redistribution Device(s) <i>List:</i>		
Keeping skin clean/dry		
Pain medication		
Nutritional interventions <i>List:</i>		
Other – Specify:		
IS THIS RESIDENT’S PRESSURE ULCER PLAN OF CARE CONSISTENT WITH THE DEMONSTRATED NEED?		

INTERPROFESSIONAL REVIEW

(briefly evaluate resident response or lack of response to the interventions, discuss revision of current approaches as necessary. **Comment on the determination of Avoidable verses Unavoidable**)

COMMENTS:

Signature: _____ **Date:** _____