

Rest Haven York
PRESSURE ULCER RISK FACTORS *

Resident Name: _____ D.O.B. _____

CHECK ALL RISK FACTORS THAT APPLY:

	DATE:	DATE:	DATE:	DATE:
Bowel Incontinence				
Exposure to friction or shear				
History of pressure ulcers				
Impaired mobility				
Impaired sensation or response to discomfort				
Significant weight change (greater than or equal to 5% within the previous 30 days or greater than or equal to 10% in the previous 180 days)				
Use of medications that impair alertness, mobility or skin integrity				
Vascular disease				
Dehydration				
Malnutrition				
End-stage major organ disease				
Thyroid disease				
Congestive heart failure				
Immune deficiency states				
Malignancies				
Infection				
Substance abuse/smoking				
Other – Specify:				
	INITIALS:	INITIALS:	INITIALS:	INITIALS:

* Based on the American Medical Directors Association Clinical Practice Guideline (AMDA CPG) on Pressure Ulcers, 2007
 Rev: 01/0\23/08