



## PRESSURE ULCERS

Because of their nature, lawsuits concerning pressure ulcers typically generate strong emotional reactions on the part of litigants and juries and are fairly easy for plaintiff counsel to document and pursue. At a minimum, incidents of pressure ulcers increase the care required from staffing resources and strain facility and family relationships.

- Perform a full-body skin assessment on all residents upon admission and/or readmission to the facility; document findings in the resident's chart.
- Evaluate each resident for risk of skin breakdown upon admission and quarterly thereafter, according to the resident's care plan schedule.
- Initiate a plan to prevent skin breakdown to meet the resident's needs based on the results from this assessment; for example, using pressure-relieving devices (mattress, overlay, wheelchair pad, etc.), frequent repositioning, toileting or incontinence programs, etc.
- Document interventions in the resident care plans and communicate them to staff.
- CNAs should be responsible for notifying the charge nurse of skin conditions observed while assisting the resident with cares, such as bathing.
- Each resident of the facility should have a weekly skin assessment completed by an assigned nurse using a standard form to document.
- Notify the resident's responsible party and physician of any changes in the resident's skin integrity at the time it is first observed, or shortly thereafter.
- The nurse discovering the skin condition should seek an appropriate treatment order when notifying the physician.
- The nurse should document the date and time the physician was notified and content of message in the resident's record. Calls should be repeated if the physician does not respond or visit in a timely manner.
- The nurse discovering the skin condition should begin appropriate measures to evaluate contributing/causative factors and to determine interventions for preventing progression of the problem, as indicated by the resident's needs.
- The evaluation and preventative measures should be documented in the nurse's notes and added to the resident's plan of care, as indicated.

- The Dietary Dept. should be notified of all new skin conditions so that the resident's dietary requirements can be reassessed, if indicated.
- Once a wound assessment has been initiated, follow-up documentation must be done on a minimal weekly basis until the area is resolved.
- The nurse that is responsible for weekly follow-up assessment and documentation should have specialized training in measuring, staging, and describing the skin condition, especially if it's a pressure sore.
- For skin conditions that are not improved as a result of treatment or that show no progression toward healing, the physician should be notified promptly.
- The Director of Nursing, or designee, should be notified of changes in resident skin conditions daily, using the appropriate report, per facility protocol.
- Implement a quality assurance (QA) system to track all residents who have open areas to make sure documentation and appropriate follow-up is being done on a timely basis.
- Discuss skin concerns during formal QA meetings.

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You are encouraged to consult with your own attorney or other expert consultants for a professional opinion specific to your situation.



GuideOne Risk Resources for Health Care  
 1111 Ashworth Road  
 West Des Moines, Iowa 50265  
 1-800-688-3628