



Patient Safety Event Report – Hospital:



H

PRESSURE ULCER

Use this form to report a pressure ulcer or suspected deep tissue injury that was 1) not present on admission (i.e., newly-developed) or 2) worsened during the patient's stay. Report only an event that occurred prior to patient discharge. Narrative detail can be captured on the Healthcare Event Reporting Form (HERF). Exclude mucosal, arterial, or venous ulcers, diabetic foot ulcers, and ulcers in patients receiving palliative care. If a pressure ulcer is reported at a certain stage and gets worse before improvement, please do not complete a new Pressure Ulcer Event Report. Instead, edit the existing event report to reflect the new stage and submit this report. Highlighted fields are collected for local facility and Patient Safety Organization (PSO) use. This information will not be forwarded to the Network of Patient Safety Databases (NPSD).

Note: For staging/category information refer to *National Pressure Ulcer Advisory Panel, Prevention and treatment of pressure ulcers: clinical practice guideline*. Washington DC: National Pressure Ulcer Advisory Panel; 2009. The NPUAP website is (<http://www.npuap.org>).

1. What was the most advanced stage of the pressure ulcer or suspected Deep Tissue Injury being reported? CHECK ONE:

- a. Stage/Category I
b. Stage/Category II

STOP

This form is complete.

- c. Suspected Deep Tissue Injury

GO TO QUESTION 2

- d. Stage/Category III
e. Stage/Category IV
f. Unstageable (any type)

GO TO QUESTION 3

- g. Mucosal, arterial, or venous ulcer or diabetic foot ulcer or pressure ulcer related to palliative care

STOP

This form is complete.

- h. Unknown

2. What was the status of the suspected Deep Tissue Injury on admission? CHECK ONE:

- a. Present as suspected Deep Tissue Injury

STOP

This form is complete.

- b. Present as a Stage/Category I pressure ulcer
c. Not present
d. Unknown

GO TO QUESTION 4

3. What was the status on admission of the Stage/Category III, IV, or unstageable pressure ulcer? CHECK ONE:

- a. Not present
 b. Stage/Category I
 c. Stage/Category II

GO TO QUESTION 4

- d. Suspected Deep Tissue Injury
 e. Stage/Category III
 f. Stage/Category IV
 g. Unstageable

STOP This form is complete.

- h. Unknown

GO TO QUESTION 4

4. On admission to this facility, was a skin inspection documented? CHECK ONE:

- a. Yes
 b. No
 c. Unknown

5. When was the first pressure ulcer risk assessment documented? CHECK ONE:

- a. On admission (within 24 hours)
 b. Not on admission, but documented prior to the discovery of a newly-developed, or advancement of an existing, pressure ulcer
 c. Not on admission, but documented after discovery of a newly-developed, or advancement of an existing, pressure ulcer
 d. No risk assessment documented
 e. Unknown

6. What type of risk assessment was documented?

CHECK FIRST APPLICABLE:

- a. Formal assessment (e.g., Braden, Braden Q (pediatric version), Norton, Waterlow)
 b. Clinical assessment
 c. Unknown

7. As a result of the assessment, was the patient documented to be at increased risk for pressure ulcer? CHECK ONE:

- a. Yes
 b. No
 c. Unknown

8. Was any preventive intervention implemented? CHECK ONE:

- a. Yes
 b. No
 c. Unknown

9. What intervention(s) was used?

CHECK ALL THAT APPLY:

- a. Pressure redistribution device
 b. Repositioning
 c. Hydration and/or nutritional support
 d. Skin care practices to prevent moisture and shearing
 e. Other: **PLEASE SPECIFY**

10. Was the use of a device or appliance involved in the development or advancement of the pressure ulcer? CHECK ONE:

- a. Yes
- b. No
- c. Unknown

11. What was the type of device or appliance? CHECK ALL THAT APPLY:

- a. Anti-embolic device
- b. Intraoperative positioning device
- c. Orthopedic appliance (e.g., cast, splint, orthotic)
- d. Oxygen delivery device (e.g., nasal prongs, oxygen mask)
- e. Restraints
- f. Tube
- g. Other: **PLEASE SPECIFY**
- _____

12. What type of tube?

CHECK ONE:

- a. Endotracheal
- b. Gastrostomy
- c. Nasogastric
- d. Tracheostomy
- e. Indwelling urinary catheter
- f. Other: **PLEASE SPECIFY**
- _____

13. During the patient's stay at this facility, did the patient develop a secondary morbidity (e.g., osteomyelitis, sepsis, tunneling, or fissure)? CHECK ONE:

- a. Yes
- b. No
- c. Unknown

14. Was the secondary morbidity attributed to the presence of the pressure ulcer? CHECK ONE:

- a. Yes
- b. No
- c. Unknown

Thank you for completing these questions.

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