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PRESSURE ULCER

CAA Module

Resident_____ **Date**_____

Triggers:		**Check if applicable**
GG0130	Requires assistance with bed mobility	
H0300, H0400	Incontinence	
I0900	Peripheral vascular disease	
K0300	Weight loss	
M0150	Risk of pressure ulcers	
M0300	Pressure ulcer	
M0800	Worsening in pressure ulcer status since last assessment	
P0100B, E	Trunk restraint	
Evaluate:		
B	Sensory or Communication deficit	
B0100	Comatose	
C	Cognitive deficit, Delirium	
D	Mood disorder	
GG	Decreased mobility, Decreased range of motion	
I	Cancer, Circulatory, Diabetes, Neurological, Respiratory, Renal, Infection, Terminal Illness diagnosis	
J	Pain, Shortness of breath, Dehydration	
M1030	Venous or arterial ulcer	
M1200	Skin and ulcer treatments	
N0415	Psychotropic medication	
P0100	Restraint	
Bedfast most of the time		
Edema		
Proceed with care-planning		
Do not proceed with care-planning		
Underlying Causes / Complicating factors / Risks / Referrals **Comments:**		

RESIDENT_____

DATE	PROBLEM	GOAL	TO DATE	INTERVENTIONS	RESP DISC
	Fall risk Potential for Injury: related to Unsteady gait Cognitive deficits Impaired safety awareness Weakness Dizziness Polypharmacy Use of psychotropic medications Impaired mobility Balance problem Impaired vision Postural hyptension Use of restraint Risky behaviors As evidenced by: History of falls Unable to ambulate without assistance Forgets to use assistive devices Verbalizes dizziness Unable to transfer without assistance	Resident will remain free from injuries Resident will verbalize understanding of the need for assistance Resident will demonstrate ability to use assistive device safely and consistently		<u>Resident</u> Educate resident in safety awareness Remind resident to call when needing assistance Instruct resident to sit on side of bed for one minute before standing Keep call light and most frequently used personal items within reach Keep glasses clean and fit with adequate prescription Assess medications for contributing factors <u>Identification</u> Maintain record of falls, and evaluate for patterns Make sure that all staff members are aware that resident is at high risk for falls Move to room closer to nurse's station if necessary Falling Star or other symbol on door <u>Clothing</u> Shorten all clothing resident might trip on Shoes well fitting with non-slip soles Gripper socks <u>Mobility</u> PT evaluation for strength training, gait, or transfer OT evaluation as indicated See Transfers care plan See Physical Mobility care plan	