

**Risk Assessment for
Pressure Ulcers**

Patient Identification

Surgical factors:

- Procedure > 2 hours
- General anesthesia
- Lateral position
- Vascular surgery
- Neurological surgery
- Total hip/knee replacement

Physical limitations:

- Obese > 300lbs
- Severe emaciation
- Contractures
- Paraplegic
- Quadriplegic

Medical history:

- Arthritis
- Cardiac disease
- COPD
- Diabetes
- Edema 2+
- Immunosuppressed
- Peripheral vascular disease

Vital signs:

- Systolic blood pressure < 60
- Temperature > 101°F

Abnormal labs:

- Low albumin
- Anemia: hematocrit < 20
- Anemia: hemoglobin < 9
- Elevated white blood count

Additional risk factors:

- Braden scale < 18
- Fecal incontinence
- Urinary incontinence
- Nursing home resident
- Pre-existing skin condition
- Smoker

* If there are three or more risk factors initiate SS Skin Protocol!



- This form is not part of the patients permanent record
- Please return this form to Operating Room Manager
- Place this document before the W10 in chart

Post Anesthesia Care Unit

		Skin	
		Redness	Swelling
Length of surgery _____	Heels/ankles	<input type="checkbox"/>	<input type="checkbox"/>
EBL _____	Thighs	<input type="checkbox"/>	<input type="checkbox"/>
Post Op _____	Abdomen	<input type="checkbox"/>	<input type="checkbox"/>
HGB _____	Arms	<input type="checkbox"/>	<input type="checkbox"/>
HCT _____	Lips	<input type="checkbox"/>	<input type="checkbox"/>
Temp > 101° _____	Cheeks	<input type="checkbox"/>	<input type="checkbox"/>
Warming Blanket Used <input type="checkbox"/>	Forehead	<input type="checkbox"/>	<input type="checkbox"/>
Braden Scale _____	Other	<input type="checkbox"/>	<input type="checkbox"/>

Discharge Assessment

	Skin			Skin	
	Redness	Swelling		Redness	Swelling
Forehead	<input type="checkbox"/>	<input type="checkbox"/>	Buttocks	<input type="checkbox"/>	<input type="checkbox"/>
Abdomen	<input type="checkbox"/>	<input type="checkbox"/>	Coccyx	<input type="checkbox"/>	<input type="checkbox"/>
Arms	<input type="checkbox"/>	<input type="checkbox"/>	Trochanter	<input type="checkbox"/>	<input type="checkbox"/>
Lips	<input type="checkbox"/>	<input type="checkbox"/>	Heels/ankles	<input type="checkbox"/>	<input type="checkbox"/>
Cheeks	<input type="checkbox"/>	<input type="checkbox"/>	Thighs	<input type="checkbox"/>	<input type="checkbox"/>

No risks identified for pressure ulcer on discharge

***** Discharge Braden Scale _____ *****

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