PATIENT ID:

Wound Assessment: Resident Risk Factors

Form 1

FACILITY NAME: _____

DateOfAdmission: M M / D D / Y Y Y Y

RESIDENT ID:

		REPORT DATE	M M D D		M M D D		M M D D		M M D D		M M D D		M M D D	
		REPORT TYPE Please select the report type: (Initial (I), Followup (F))	(I)	(F)	(I)	(F)	(I)	(F)	(I)	(F)	(I)	(F)	(I)	(F)	(I)	(F)
RISK FACTORS																
1	No change in risk factors since last report date (If marked, do not mark additional risk factors)		☐		☐		☐		☐		☐		☐		☐	
2	Moribund (actively dying, end-stage diagnosis)		☐		☐		☐		☐		☐		☐		☐	
3	Impaired/decreased mobility and decreased functional ability		☐		☐		☐		☐		☐		☐		☐	
4	Physically restrained		☐		☐		☐		☐		☐		☐		☐	
5	Comorbid conditions (having 2 or more chronic diseases or conditions simultaneously such as diabetes, cardiovascular, pulmonary, or renal disease)		☐		☐		☐		☐		☐		☐		☐	
6	Impaired, diffuse or localized blood flow; generalized atherosclerosis or LE arterial insufficiency; PVD, chronic edema, smoking		☐		☐		☐		☐		☐		☐		☐	
7	Refusal of some aspects of care/treatment		☐		☐		☐		☐		☐		☐		☐	
8	Cognitive impairment		☐		☐		☐		☐		☐		☐		☐	
9	Exposure of skin to urinary and fecal incontinence, perspiration, drainage or weeping		☐		☐		☐		☐		☐		☐		☐	
10	Poor or reduced meal intake		☐		☐		☐		☐		☐		☐		☐	
11	Poor or reduced fluid intake		☐		☐		☐		☐		☐		☐		☐	
12	Healed ulcer; history of healed pressure ulcer stage I		☐		☐		☐		☐		☐		☐		☐	
13	Healed ulcer; history of healed pressure ulcer stage II		☐		☐		☐		☐		☐		☐		☐	
14	Healed ulcer; history of healed pressure ulcer stage III		☐		☐		☐		☐		☐		☐		☐	
15	Healed ulcer; history of healed pressure ulcer stage IV		☐		☐		☐		☐		☐		☐		☐	
16	Healed ulcer; history of healed pressure ulcer stage unknown		☐		☐		☐		☐		☐		☐		☐	
17	At risk for friction or shearing during repositioning, including repetitive movements by resident		☐		☐		☐		☐		☐		☐		☐	
18	Admitted with potential for deep tissue injury secondary to preadmission factors such as prolonged bed rest, surgery; signs of skin impairment on admission		☐		☐		☐		☐		☐		☐		☐	
19	Neuropathy		☐		☐		☐		☐		☐		☐		☐	
20	Disease or drug related, including immunosuppressants, such as steroids that may affect wound healing; anticoagulant therapy		☐		☐		☐		☐		☐		☐		☐	
21	Medically necessary interventions, e.g. cast, braces, O2 tubing, foley catheter, elevated HOB		☐		☐		☐		☐		☐		☐		☐	
22	Acute changes in health status		☐		☐		☐		☐		☐		☐		☐	
23	Inpatient/Outpatient hospitalization in last 90 days		☐		☐		☐		☐		☐		☐		☐	
24	ER visit within last 90 days		☐		☐		☐		☐		☐		☐		☐	
25	Current pressure ulcer		☐		☐		☐		☐		☐		☐		☐	
26	Other		☐		☐		☐		☐		☐		☐		☐	
OTHER CLINICAL INFORMATION																
1	Resident weight Enter most recent resident weight if new weight obtained since last report date		.		.		.		.		.		.		.	
2	Resident left facility since last report date If resident left the facility during the reporting period, please mark the appropriate reason(s) : Hospital admission or ER visit. If this process does not apply to your facility, e.g. if all residents who leave building are discharged, please leave blank.															
3	Resident left facility during report week for Hospital Admission		☐		☐		☐		☐		☐		☐		☐	
4	Resident left facility during report week for ER Visit		☐		☐		☐		☐		☐		☐		☐	
5	Resident returned from hospital admission during report week		☐		☐		☐		☐		☐		☐		☐	
6	Braden Score: (optional) Please write Braden Score at the time of the report, if available															
INITIALS																