**Hospital Acquired Pressure Injury (HAPI) Review Tool**

*For Quality Review Purposes; Privileged and Confidential – Fax to 615-343-3398*

**Patient:**

**MRN:**

**DOB:**

**Admit Date:**

**Admit Dx:**

**HAPI first documented date:**

**Unit/Room #:**

**Unit acquired Y / N**

**If no preceding unit(s) \_\_\_\_\_\_\_\_\_\_\_**

|  |  |  |
| --- | --- | --- |
| **PI Location** | **Stage** | **Device Related Y/N (if yes, what device)** |
|  |  |  |
|  |  |  |
|  |  |  |

Admit Braden: \_\_\_\_ Current Braden: \_\_\_\_

OR within past 72 hours Y/N

If yes, time in OR and type of surgical procedure \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Contributing Factors (Check all that apply)**

Incontinence

Fecal

Urinary

Signs of incontinence related dermatitis

Reduced LOC/Patient sedated

Sepsis diagnosis

Multi-Organ Failure (specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Multi-Trauma

DM

On Vasopressors at time PI discovered or within past 24 hours

Peripheral Vascular Disease

Hx of DM

Restraints

Malnutrition

Hip fracture

Anasarca

Dying process

Bedrest order

Inability to turn (reason and documentation of Y/N) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

HOB >30 degrees and clinical indication\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Interventions in use at time of PI discovery (Check all that apply)**

Sacral Mepilex

Heel Mepilex

Heel lift boot

Barrier ointment

Wound team following? (Simple/Complex) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Foley

External catheter

BMS

Turn & Position System (TAPS)

Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Mattress Type (printed on lower end of mattress):** Isolibrium (ICU) Isoflex LAL (Acute Care/Stepdown)

Dolphin Bariatric Stretcher Posey

**Additional findings (use reverse if needed): What do you feel could have been done differently?**

Form completed by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_