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| **Unit Name AND Name of Person Completing Form:**   |
| **Date of Survey:** |  | ***Please send THIS FORM and Census WITH MRN’s and Room #;*****Fax to 615-343-3398***Questions??? – please contact your Quality & Safety Advisor* *or Lauren White: 615-875-4772 or Toni Durr: 615-322-5938* |
| **Begin Time:** |  |
| **End Time:** |  |
| **# pts on Census at beginning of survey:** |  |
| **Last name/room # of patient(s) NOT surveyed *AND* reason: Census *without* MRN listed will NOT be accepted** *Example:* ***Smith / 13110 – a***1. **Refused**
2. **Off unit/unavailable**
3. **Medically unstable**
4. **Actively dying**
5. **Discharged**
 |
| **BELOW - Listing of Patients with a Pressure Injury: WOCN validated/staged PI ?:** Yes / No – Name:Highlighted areas below are to be filled out by the WOCN.All other areas to be filled out by unit assessors. |
| Last Name / Room # of pt w/ any PI: | Location of PI (**list each PI** **separately**): | Stage of PI: | POA to VUH? Y/N | POA to **THIS** unit? Y/N | PI doc **prior** to survey?Y/N | Date/Unit PI was first doc | Area/Unit PI developed | **Comments:** |
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| Last Name / Room # of pt w/ any PI: | Location of PI (**list each PI** **separately**): | Stage of PI: | POA to VUH? Y/N | POA to **THIS** unit? Y/N | PI doc **prior** to survey?Y/N | Date/Unit PI was first doc | Area/Unit PI developed | **Comments:** |
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Monthly Unit-based Pressure Ulcer Prevalence Surveys:

1. On the scheduled date and time, print a unit census that includes room numbers and MRN’s (maybe a worksheet copy and one to submit)
2. **Assess** **each patient** on the unit – looking specifically at bony prominences like
* **heels**
* **elbows**
* **down the spine to the sacrum and buttocks**
* **occiput**
* **tops of ears (nasal cannula tubing area)**
* **under any medical devices** such as trach, c-collar, body brace, cast, etc.
1. **Note on your worksheet any pressure ulcer found and include location and stage- (and if they were validated and staged by a WOCN)**
2. For any patient on the census and **not assessed**, **please note why** from one of these reasons:
	1. **Refused**
	2. **Off unit/unavailable**
	3. **Medically Unstable**
3. **Actively dying**
4. **Discharged**
5. When survey complete, please **fill in all fields** on the attached form.
6. **Send census and attached form to your Quality Safety Advisor either via scan and email or via fax # 343-3398. Please cc Toni Durr/ Lauren White as well.**

Please feel free to ask questions or give feedback!