

Pressure Ulcer

Client Name: _____ **#:** _____ **Initiated by:** _____ **Date:** _____

Screen
Nutrition Screen diagnosis: Pressure Ulcer
Signed: _____ Date: _____

Assess (Check any/all)

- Multiple pressure ulcers
- Stage III or IV pressure ulcer
- Receiving enteral or parenteral nutrition support
- Weight/BMI**
 - Weight change >3 lb/wk, >5%/mo, or >10%/6 mo
 - BMI <20
 - BMI >27
- Infection (UTI, URI)
- Poor Oral Intake Symptoms**
 - Complex diet order
 - Nausea/vomiting
 - Poor appetite/early satiety
 - Problems chewing/swallowing
 - Depression/anxiety
 - GI distress

Signed: _____ Date: _____

High Risk Interventions (Check any/all)

- Power Packing Your Diet provided and explained
- Food Record provided and explained
- Fluid intake stressed
- Obtain Dr. orders as needed:**
 - RD referral for home visit(s)
 - Monitor weight q: _____
 - Monitor I & O q: _____
 - Multiple vitamin/mineral supplement
 - BID/TID supplements
 - Tube feeding
- Other: _____
(See notes for documentation.)

Signed: _____ Date: _____

Assess Response (Check any/all)

- Stage III or IV pressure ulcer
- Multiple pressure ulcers
- Weight change not appropriate per goal
- Infection worsened
- Continued dehydration
- Continued Poor Oral Intake Symptoms
- Other: _____
(See notes for documentation.)

Signed: _____ Date: _____

Outcomes Not Achieved
Reassess/evaluate need for EN/PN (refer to Tube Feeding Nutrition Care Plan). Document on Nutrition Variance Tracking form.

Goals (check any/all):

- Maintain or improve nutritional status in _____ (goal time).
- Correct causes of involuntary weight loss where possible in _____ (goal time).
- Maintain or improve hydration status to prevent dehydration in _____ (goal time).

Weight maintained, or loss/ gain of _____ lb in _____ (goal time).

- Support pressure ulcer healing in _____ (goal time).

Moderate Risk Interventions (Check any/all)

- Power Packing Your Diet provided and explained
- Food Record provided and explained
- Fluid intake encouraged
- Wound care explained
- Obtain Dr. orders as needed:**
 - RD chart consult
 - Monitor weight q: _____
 - Multiple vitamin/mineral supplement
 - BID/TID supplements
- Other: _____
(See notes for documentation.)

Signed: _____ Date: _____

Assess Response (Check any/all)

- Weight change not appropriate per goal
- Dehydration
- Development of Stage III or IV pressure ulcer
- Development of multiple pressure ulcers
- Onset of new infection
- Exhibiting Poor Oral Intake Symptoms
- Other: _____
(See notes for documentation.)

Signed: _____ Date: _____

Outcomes Achieved

- Pressure ulcers improved
- Weight maintained or improved
- Hydration status maintained or improved
- Other: _____
(See notes for documentation.)
- Repeat Nutrition Risk Screen in _____ days

Signed: _____ Date: _____

Outcomes Achieved

- Pressure ulcers improved
- Weight maintained or improved
- Hydration status maintained or improved
- Other: _____
(See notes for documentation.)
- Repeat Nutrition Risk Screen in _____ days

Signed: _____ Date: _____

None

1 or more

Next visit

1 or more

None

Next visit

None

1 or more