

# PRESSURE ULCER/INJURY DISCLOSURE

**INSTRUCTIONS:** This form must be reviewed with and signed by the resident/resident representative/guardian. Complete upon admission, quarterly, with a significant change of resident condition and upon the request of the resident/resident representative/guardian/facility. **Please Note: Prior to filling out disclosure, remove top form.**

\_\_\_\_\_ is committed to providing quality of care to all residents. For each  
 (Facility Name)  
 resident to receive and for \_\_\_\_\_ to provide the necessary care and services  
 (Facility Name)  
 to attain or maintain the highest practicable physical, mental and psychosocial well-being, in accordance with the comprehensive assessment and plan of care, it is necessary to build a team between the resident/resident representative/guardian, physicians and facility staff. Resident/resident representative/guardian participation in the management, treatment, interventions and approaches is an essential part of the overall care plan for this resident.

A pressure ulcer/injury is localized damage to the skin and underlying soft tissue, usually over a bony prominence (i.e., heels, hip, tailbone) or related to a medical or other device (i.e., oxygen tubing, catheter). Such ulcers are primarily caused by prolonged pressure on the skin. These ulcers/injuries are staged to classify the degree of tissue damage observed.

**\*Note:** The injuries may vary in severity. Each resident experiences these injuries differently.

## RISK FACTORS FOR DEVELOPMENT OF PRESSURE ULCERS/INJURIES

**Extrinsic risk factors:**

- Pressure
- Friction
- Shearing
- Maceration

**Intrinsic risk factors:**

- Immobility/decreased mobility
- Inactivity
- Frailty
- Fecal and/or urinary incontinence
- Malnutrition/under-nutrition, poor hydration
- Decreased level of consciousness, cognitive impairment
- Smoking
- Reduced/impaired circulation

**Medical conditions r/t intrinsic risk factors:**

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| <ul style="list-style-type: none"> <li>• Anemia</li> <li>• Infection</li> <li>• Peripheral vascular disease, lower extremity arterial insufficiency</li> <li>• Edema</li> <li>• Diabetes Mellitus</li> <li>• Cerebrovascular Accident (stroke)</li> <li>• Heart disease</li> <li>• Lung disease</li> <li>• Terminal/life-limiting condition</li> </ul> | <ul style="list-style-type: none"> <li>• Dementia</li> <li>• Alcoholism</li> <li>• Fractures</li> <li>• Malignancies (cancer)</li> <li>• Aging</li> <li>• End Stage Renal Disease (ESRD)</li> <li>• Thyroid disease</li> <li>• History of healed pressure ulcers/injuries</li> </ul> |
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Residents with pressure ulcers/injuries may develop complications that put them at risk for:

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|---|---|--|---|
| <ul style="list-style-type: none"> <li>• Bacterial infection</li> <li>• Septicemia</li> </ul> | <ul style="list-style-type: none"> <li>• Gangrene</li> <li>• Osteomyelitis</li> </ul> | <ul style="list-style-type: none"> <li>• Septic arthritis</li> <li>• Pathological fractures</li> </ul> | <ul style="list-style-type: none"> <li>• Death</li> </ul> |
|---|---|--|---|

Risk factors should be assessed and addressed in the resident's individualized plan of care. The care plan as well as the resident's medical record should reflect:

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| <ul style="list-style-type: none"> <li>• Resident's medical condition(s)</li> <li>• Efforts/measures in place to prevent and reduce pressure ulcer/injury development</li> <li>• Pain and pressure relief measures</li> <li>• Treatment options</li> <li>• Drugs that may effect wound healing</li> <li>• Expected outcomes</li> </ul> | <ul style="list-style-type: none"> <li>• Resident goals</li> <li>• Resident/representative/guardian concerns</li> <li>• Consequences of refusing treatment</li> <li>• Other alternatives offered if resident refuses care/treatment</li> </ul> |
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NAME-Last	First	Middle	Attending Physician	Record No.	Room/Bed
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# PRESSURE ULCER/INJURY DISCLOSURE

## CLINICAL DEFINITIONS

**Stage 1:** Skin is intact with reddened area that does not fade when pressed. This area of the skin may include changes in one or more of the following parameters:

- Skin temperature (warmth or coolness)
- Tissue consistency (firm or boggy)
- Sensation (pain, itching) and/or
- Defined area of persistent redness in lightly pigmented skin. In darker skin tones, the ulcer may appear with persistent red, blue or purple hues.

**Stage 2:** Partial thickness skin loss with exposed dermis. The ulcer/injury is superficial and presents clinically as an abrasion, blister or shallow crater.

**Stage 3:** Full thickness skin loss involving damage to, or necrosis of, subcutaneous tissue that may extend down to, but not through, underlying fascia. The ulcer/injury presents clinically as a deep crater with or without undermining of adjacent tissue.

**Stage 4:** Full thickness skin and tissue loss with extensive destruction, tissue necrosis or damage to muscle, bone or supporting structures (i.e., tendon, joint capsule). Undermining and sinus tracts may also be present.

**Unstageable Pressure Injury:** Full thickness skin and tissue loss in which the extent of tissue damage within the ulcer cannot be confirmed because it is obscured by slough or eschar.

**Deep Tissue Pressure Injury:** Intact or non-intact skin with localized area of persistent non-blanchable deep red, maroon, purple discoloration or epidermal separation revealing a dark wound bed or blood-filled blister. Pain and temperature change often precede skin color changes. Discoloration may appear differently in darkly pigmented skin.

**Medical Device Related Pressure Injury:** Medical device related pressure injuries result from the use of devices designed and applied for diagnostic or therapeutic purposes. The resultant pressure injury generally conforms to the pattern or shape of the device.

**Mucosal Membrane Pressure Injury:** Mucosal membrane pressure injury is found on mucous membranes with a history of a medical device in use at the location of the injury.

Additional Comments:

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NAME-Last

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Attending Physician

Record No.

Room/Bed

## ACKNOWLEDGEMENT OF RECEIPT OF PRESSURE ULCER/INJURY DISCLOSURE

I, \_\_\_\_\_, acknowledge that I have received and reviewed a copy of  
(Resident/Resident Representative/Guardian)

\_\_\_\_\_ Pressure Ulcer/Injury Disclosure which summarizes the clinical symptoms  
(Facility Name)

a resident diagnosed with a pressure ulcer/injury may exhibit. Residents who develop a pressure ulcer/injury may suffer from complications/adverse effects and clinical symptoms that are a result of having such skin injuries.

The Resident/Resident Representative/Guardian acknowledges that complications and/or adverse effects may occur as a result of the presence of a pressure ulcer/injury.

This facility recognizes the relationship between the Resident and the Resident Representative/Guardian is a critical element in identifying all of the resident's care needs. The facility staff and physician request that the Resident/Resident Representative/Guardian report all information regarding changes listed as clinical symptoms, complications or changes in the resident's usual behavior or status to the facility immediately.

I understand the facility will review this information with \_\_\_\_\_ when there  
(Resident/Resident Representative/Guardian)

is a significant change of the resident's condition, quarterly and when requested by the Resident/Resident Representative/Guardian or Facility as a necessary part of the plan of care for the resident.

By signing, the Resident/Resident Representative/Guardian acknowledges the clinical symptoms, complications/risks and consequences associated with the pressure ulcers/injuries as well as the importance of participation in the overall plan of care for this resident.

### ACKNOWLEDGEMENT SIGNATURES

\_\_\_\_\_  
Resident/Resident Representative/Guardian

\_\_\_\_\_  
Date Signed

If signed by Resident Representative/Guardian, complete the following:

Print Name \_\_\_\_\_

Relationship \_\_\_\_\_

Person completing this form: \_\_\_\_\_

\_\_\_\_\_  
Signature and Title

\_\_\_\_\_  
Date Signed

Witness signature: \_\_\_\_\_

\_\_\_\_\_  
Date Signed

NAME-Last

First

Middle

Attending Physician

Record No.

Room/Bed