

WEEKLY PRESSURE INJURY QI LOG

Date: _____

Facility: _____

DIETARY INTERVENTION CODES:				INTERVENTION CODES:																							
1 - Vitamin Therapy		3 - Supplements		1 - Air Fluidized Mattress		3 - Gel Mattress		5 - Therapeutic Bed		7 - Sheepskin		9 - Hand Rolls															
2 - High Protein Foods		4 - Other		2 - Air Mattress		4 - Water Mattress		6 - Heel Protectors		8 - Positioning Pillows		10 - Other _____															
Room #	Resident's Name	Date		Site	Stage					Size (cm) L x W	Depth (cm)	Odor: Y or N	Drainage: Sm/Med/Lg or N	Culture: Y or N Results	Treatment	Intervention/Treatment Documented: Y or N	Dietary Intervention Code	Risk Assessment Score	Part B: Y or N	Add to Care Plan	Intervention Code	Date Notify Family	Date Notify MD	Date Healed			
		Facility-Acquired	Admitted With		1	2	3	4	Unstageable Eschar/Necrotic																Deep Tissue	Medical Device	Mucosal Membrane

<input type="text"/> Total percent of residents with pressure injuries (# of residents with PIs ÷ census x 100 = %)	<input type="text"/> Percent of residents with facility-acquired pressure injuries (# of residents ÷ census x 100 = %)
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ADDITIONAL NOTES

Resident's Name	Date	Time	Note/Comment	Clinician Signature/Title

SAMPLE

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