

# PRESSURE INJURY RISK EVALUATION

Date: \_\_\_\_\_

**INSTRUCTIONS:** Evaluate the resident's status/risk in the eight clinical condition parameters (A-H listed below) by assigning the corresponding score that best describes the resident in the appropriate evaluation column. Add the column of numbers to obtain the Total Score. If the total score is 8 or greater, the resident should be considered at HIGH RISK for skin breakdown and a prevention protocol should be initiated immediately.

PARAMETER	SCORE	RESIDENT STATUS/CONDITION	SCORE	COMMENTS
<b>A. LEVEL OF CONSCIOUSNESS/MENTAL STATUS</b>	<input type="radio"/> 0	<b>ALERT</b> - oriented x 3		
	<input type="radio"/> 1	<b>LETHARGIC</b> - some disorientation, slow to respond		
	<input type="radio"/> 2	<b>SEMI-COMATOSE</b> - responds to verbal or painful stimuli		
	<input type="radio"/> 3	<b>COMATOSE</b> - persistent vegetative state/no discernable consciousness		
<b>B. AMBULATION AND MOBILITY</b>	<input type="radio"/> 0	<b>INDEPENDENT</b> - requires only supervision		
	<input type="radio"/> 1	<b>LIMITED ASSISTANCE</b> - requires minimal physical assistance for ambulation or transfers		
	<input type="radio"/> 2	<b>CHAIRFAST</b> - non-ambulatory. Transfer requires staff assist		
	<input type="radio"/> 3	<b>BEDFAST</b> - total dependence. Spends 75% of time in bed and/or contractures		
<b>C. INCONTINENCE-BOWEL AND BLADDER</b>	<input type="radio"/> 0	<b>CONTINENT</b>		
	<input type="radio"/> 1	<b>OCCASIONALLY INCONTINENT</b> - 2 or less incidents/24 hours; occasional diarrhea or stooling		
	<input type="radio"/> 2	<b>USUALLY INCONTINENT</b> - 2 or more incidents/24 hours		
	<input type="radio"/> 3	<b>INCONTINENT</b> - no control of bowel or bladder; constant diarrhea or stooling		
<b>D. NUTRITION AND WEIGHT STATUS</b>	<input type="radio"/> 0	<b>EXCELLENT</b> - eats 75 - 100% of meals OR weight within normal range or above IBW		
	<input type="radio"/> 1	<b>GOOD</b> - eats 50 - 75% of meals OR less than 5% underweight		
	<input type="radio"/> 2	<b>FAIR</b> - eats 25 - 50% of meals OR more than 5% underweight		
	<input type="radio"/> 3	<b>POOR</b> - eats less than 25% of meals OR more than 10% underweight		
<b>E. FLUID INTAKE</b>	<input type="radio"/> 0	<b>2000mL</b> or more daily		
	<input type="radio"/> 1	<b>1000 - 2000mL</b> daily		
	<input type="radio"/> 2	<b>500 - 1000mL</b> daily		
	<input type="radio"/> 3	<b>LESS THAN 500mL</b> daily		
<b>F. PRESENCE OF EDEMA</b>	<input type="radio"/> 0	<b>NONE PRESENT</b>		
	<input type="radio"/> 1	<b>1+ PRESENT</b>		
	<input type="radio"/> 2	<b>2+ PRESENT</b>		
	<input type="radio"/> 3	<b>3-4+ PRESENT</b>		
<b>G. MEDICATIONS</b> <small>(Chemotherapy, Steroids, Analgesics, Hypnotics, Psychoactives) Others: _____</small>	<input type="radio"/> 0	<b>NONE TAKEN</b>		
	<input type="radio"/> 1	<b>TAKES ONE</b> of those drugs listed		
	<input type="radio"/> 2	<b>TAKES TWO</b> of those drugs listed		
	<input type="radio"/> 3	<b>TAKES THREE</b> or more of those drugs listed		
<b>H. PREDISPOSING DISEASES</b> <small>(DM, MS, CA, CVA, Vascular Disease, Blood Flow Impairment, Anemia, ESRD, Thyroid Disease, Generalized Atherosclerosis, Lower Extremity Arterial Insufficiency, Spinal Cord Injury, Dementia, Chronic Pain) Other: _____</small>	<input type="radio"/> 0	<b>NONE PRESENT</b>		
	<input type="radio"/> 1	<b>ONE PRESENT</b>		
	<input type="radio"/> 2	<b>TWO PRESENT</b>		
	<input type="radio"/> 3	<b>THREE OR MORE PRESENT OR TERMINAL (≤ 6 months)</b>		
<b>TOTAL SCORE</b>		<b>Total score of 8 or above represents HIGH RISK</b>		

Signature/Title: \_\_\_\_\_ Date: \_\_\_\_\_

NAME-Last	First	Middle	Attending Physician	Record No.	Room/Bed
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