



Facility Acquired Pressure Ulcer Investigation Form

Resident name: _____ Room number: _____

Date pressure ulcer identified: _____ Time/shift identified: _____

Stage of pressure ulcer: _____ Second nurse assessment to verify staging: _____

Investigation

Five 'Why's' to Uncover the Root Cause

Last Braden Scale number and date: _____

Is this a high-risk resident? Yes No

Are daily skin checks being done? Yes No

72 hours prior to the pressure ulcer developing, did the resident have:

- Change in condition
- Fever
- Abnormal lab
- Decreased appetite
- Illness
- Fall
- Confusion
- Hospitalization
- Overnight outing
- Medication change
- Decreased mobility
- Other: _____

What prevention strategies were in place when the pressure ulcer was identified:

Resident develop a pressure ulcer?

Why? ↓

Why? ↓

Why? ↓

Why? ↓

Root Cause Analysis

Identification/results: _____

Plan of action: _____

Interventions care planned: _____

Nurse: _____

Route copy to: Wound Care Nurse: _____ Director of Nursing: _____

Skin Team Members: _____ Medical Director: _____

Administrator: _____