Pressure Injury (PSI-03) Post Event Form

Patient Demographics

			Race/Ethnicity:	Admitted from:
Hospital:			☐ Caucasian	☐ Home
MRN:			☐ African-American	☐ Transfer from another hospital
Age:			☐ Asian	☐ Skilled Nursing Facility
Gender: ☐ Male ☐ Female			☐ Hispanic	☐ Post-surgery
Primary Diagnosis:	Secondary Diagnosis:	Discharge Diagnosis:	☐ Other:	☐ Other:

Pressure Injury Information

Event date:	Stage of pressure injury: ☐ Stage 3 ☐ Stage 4 ☐ Deep Tissue Injury ☐ Unstageable	Body location of pressure injury: ☐ Sacrum ☐ Coccyx ☐ Heel ☐ Back of Head ☐ Ear ☐ Shoulder ☐ Other:
Stage and location of other pressure injuries (if applicable):		

Contributing Factors

Question	Yes	No	Question	Yes	No
Pressure injury present on admission (but not documented as such)?	☐ Yes	☐ No	Documentation of routine turning and repositioning (not including CLRT)?	☐ Yes	☐ No
Skin assessment upon admission documented?	☐ Yes	☐ No	Did patient refuse to be turned and/or repositioned?	☐ Yes	☐ No
Skin assessed daily until discharge?	☐ Yes	☐ No	Was patient incontinent?	☐ Yes	☐ No
Patient on a ventilator?	☐ Yes	☐ No	Did patient have Flexi-Seal® (fecal containment) in place?	☐ Yes	☐ No
Patient able to self-turn or self-ambulate?	☐ Yes	☐ No	Did patient undergo lengthy surgery (>3 hours)?	☐ Yes	☐ No
Braden Score documented every shift?	☐ Yes	☐ No	Patient on a support surface or specialty bed?	☐ Yes	☐ No
Preventative dressing in place?	☐ Yes	☐ No	Patient "at-risk" per the Braden Scale?	☐ Yes	☐ No
Patient on bed-rest only?	☐ Yes	☐ No	Medical device-related?	☐ Yes	☐ No
Did patient have documented malnutrition?	☐ Yes	☐ No			

Hospital Stay/Discharge Information

Patient discharged to:	Admission date:	On what day was the wound/skin care team consulted?
☐ Home ☐ Skilled Nursing Facility	Discharge date:	On what day was the dietary team consulted?
☐ Rehabilitation Facility ☐ Patient Expired	Total Length of Stay:	On what day was PT consulted?
☐ Other:	Unit(s) where event occurred (name and type):	Comments:

What could have been done differently to prevent this event from occurring?	Comments:
Form completed by:	Date:

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