

# Weekly Wound Care Medical Record Audit Tool

Resident \_\_\_\_\_ DOB \_\_\_\_\_

Admission Date \_\_\_\_\_ Discharge Date \_\_\_\_\_

## ADMISSION

Admission skin and wound assessment documented? .....  Yes (Date) \_\_\_\_\_  No

Pressure Injury/Ulcer Risk Assessment (e.g. Braden) completed?

Week 1 (Date) \_\_\_\_\_  Week 2 \_\_\_\_\_  Week 3 \_\_\_\_\_  Week 4 \_\_\_\_\_  Every 90 days

Date of last assessment \_\_\_\_\_ Score \_\_\_\_\_

## WEEKLY

Has there been a recent change in the resident's condition?  No

Yes Repeat Braden Score \_\_\_\_\_ Care Plan Updated?.....  Yes  No

Is there current pain assessment documented?.....  Yes  No

Resident Education Documented? .....  Yes  No

Weekly Skin Assessment completed and documented in the TAR? .....  Yes  No

New Wound(s) Found on Skin Assessment? .....  Yes (complete below)

New Pressure Injury/Ulcer # \_\_\_\_\_ Location(s) \_\_\_\_\_

New Diabetic Ulcer # \_\_\_\_\_ Location(s) \_\_\_\_\_

New Vascular Ulcer # \_\_\_\_\_ Location(s) \_\_\_\_\_

Surgical Wound Complication # \_\_\_\_\_ Location(s) \_\_\_\_\_

New Trauma Wound # \_\_\_\_\_ Location(s) \_\_\_\_\_

New MASD # \_\_\_\_\_ Location(s) \_\_\_\_\_

Other: Wound(s)/Location(s) \_\_\_\_\_

MD Notified of New Wound(s)?.....  Yes  No

New wound assessment(s) documented? .....  Yes  No

Physician Order contains:

- |   |  |
|---|--|
| <input type="radio"/> Etiology of wound (e.g. pressure, trauma, vascular, diabetic) | <input type="radio"/> Treatment for wound(s)             |
| <input type="radio"/> Location of wound(s)  | <input type="radio"/> Frequency of dressing changes      |
| <input type="radio"/> Type of cleanser to use                                       | <input type="radio"/> Referral to outside Wound Provider |

TAR Documentation Completed to include physician's orders? .....  Yes  No

Care Plan updated with physician's orders? .....  Yes  No

Supplements ordered and entered in to MAR? .....  Yes  No

Labs ordered? .....  Yes  No

Therapeutic Devices ordered and entered into TAR?

- |   |   |  |
|---|---|--|
| <input type="radio"/> Pressure relieving mattress | <input type="radio"/> Sage boot(s)            | <input type="radio"/> Wheelchair cushion |
| <input type="radio"/> Pressure reducing mattress  | <input type="radio"/> Heel offloading devices |  |

PT/OT Referral in Physician Orders? .....  Yes  No

Individualized Wound Care Plan including:

- |   |   |
|---|---|
| <input type="radio"/> Etiology of wound(s)    | <input type="radio"/> Resident-specific goals for healing vs. palliative care |
| <input type="radio"/> Location of wound(s)    | <input type="radio"/> Resident-specific interventions                         |
| <input type="radio"/> Contributing factors(s) |   |

Outside Wound Provider chart notes and orders in SNF Medical Record? .....  Yes  No

Weekly Interdisciplinary Team (IDT) progress note completed?.....  Yes  No

## DISCHARGE

Skin assessment performed at discharge? .....  Yes  No

Notes \_\_\_\_\_

Completed by (print) \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_