

ADMISSION: CAPU Discovery

CHART on the following rows:



- Wound bed appearance
- Length / width / depth
- Exudate type and color
- Exudate odor
- Tracts / tunneling location and depth
- Undermining location and depth
- Periwound / surrounding skin
- Skin protection
- Photographed
- Referral

DO NOT CHART on the following:



Pressure Ulcer Stage DTI Appearance
Pressure Ulcer Stage I Appearance
Pressure Ulcer Stage II Appearance
Pressure Ulcer Stage III Appearance
Pressure Ulcer Stage IV Appearance
Pressure Ulcer Unstageable Appearance
Actual Pressure Ulcer Stage

PRN charting:



- Dressing status
- Saturation of dressing
- Primary dressing
- Secondary dressing
- Next scheduled dressing change

KEY points:



- Notify the Wound Care Team AND your department Manager
 - Be sure to include location of CAPU, description and Braden Score in message.
- Take a CLEAR digital picture of the CAPU and add to Min Rec on wound photo form
- **Prevent further damage:** utilize and chart on the SKIN BUNDLE!

POST-ADMISSION: HAPU Discovery

CHART on the following rows:



- Wound bed appearance
- Length/width/depth
- Exudate type and color
- Exudate odor
- Tracts/tunneling location and depth
- Undermining location and depth
- Periwound/surrounding skin
- Skin protection
- Photographed
- Referral

DO NOT CHART on the following:



Pressure Ulcer Stage DTI Appearance
Pressure Ulcer Stage I Appearance
Pressure Ulcer Stage II Appearance
Pressure Ulcer Stage III Appearance
Pressure Ulcer Stage IV Appearance
Pressure Ulcer Unstageable Appearance
Actual Pressure Ulcer Stage

PRN charting:



- Dressing status
- Saturation of dressing
- Primary dressing
- Secondary dressing
- Next scheduled dressing change

KEY Points:



- Notify the Wound Care Team AND your department Manager
 - Be sure to include location of HAPU, description and Braden Score in message.
- Take a CLEAR digital picture of the HAPU and add to Min Rec on wound photo form
- **Prevent further damage:** utilize and chart on the SKIN BUNDLE!

POST-ADMISSION: Dressing Change

CHART on the following:



- Dressing status
- Saturation of dressing
- Stage Appearance (follow Wound Care RN's previously stated stage)
- Wound bed appearance
- Length / width / depth
- Exudate type and color
- Exudate odor
- Tracts / tunneling location and depth
- Undermining location and depth
- Periwound / surrounding skin
- Skin protection
- Primary dressing
- Next scheduled dressing change

DO NOT CHART on the following:



- Actual pressure ulcer stage
 - This row is **ONLY** for the Wound Care RN's to document their assessed stage.
 - You document your assessment of the pre-staged pressure ulcer under the matching "stage appearance" row

PRN charting:



- Photographed
- Secondary dressing

KEY points:



- A pressure ulcer is staged by the Wound Care Team ONLY (including upstaging)
- Handoff all pressure ulcer information to oncoming RN

POST-ADMISSION:

Shift Assessment

NO SCHEDULED DRESSING CHANGE

CHART on the following:



- Dressing status
- Pressure ulcer stage appearance (if wound is **uncovered** or has a transparent dressing)
- Saturation of dressing
- Primary dressing
- Skin protection
- Next scheduled dressing change

DO NOT CHART on the following:



- Pressure ulcer stage appearance (if wound is **covered** with a solid dressing)
- Actual pressure ulcer stage
 - This row is **ONLY** for the Wound Care RN's to document their assessed stage.
- Any rows that describe the wound bed, measurements
 - exudate rows
 - tracts/tunneling row
 - undermining row
 - periwound/surrounding skin row

PRN charting:



- Secondary dressing

KEY points:



- Remember...
 - You cannot describe/document a pressure ulcer if you haven't seen it!
 - Keep on preventing and following the SKIN Bundle