

Patient Name _____ Med. Record No. _____

Physician Pressure Ulcer Determination & Diagnosis – POA and HA

Risk Factors (associated with pressure ulcer risk for development and/or diagnosis)

- 1. Cognitive Impairment: Present Y N Diagnosis _____
- 2. Ambulation / Mobilization Impairment Present Y N Diagnosis _____
(Motor and/or Sensory)
- 3. Nutritional / Hydration Impairment Present Y N Diagnosis _____
- 4. Incontinence / Moisture Impairment Present Y N Diagnosis _____
- 5. General medical conditions that have a co-morbidity affect on pressure ulcer development and/or healing:

Analysis of Body Systems

Integumentary	Present	Y	N	Neurological	Present	Y	N
Cardiovascular	Present	Y	N	Musculoskeletal	Present	Y	N
Respiratory	Present	Y	N	Hematologic/ Immunologic	Present	Y	N
Gastrointestinal	Present	Y	N	Endocrine	Present	Y	N
Genitourinary	Present	Y	N	Reproductive	Present	Y	N

Comments _____

Existing Wound Diagnosis

1. Pressure Ulcer

<u>Depth</u>		<u>Location</u>	
Deep Tissue Injury (ICD-9 Code 707.25)	Y N	Unspecified (ICD-9 Code 707.00)	Y N
Stage I (ICD - 9 Code 707.21)	Y N	Elbow (ICD-9 Code 707.01)	Y N
Stage II (ICD - 9 Code 707.22)	Y N	Upper back, shoulder blade (ICD-9 Code 707.02)	Y N
Stage III (ICD- 9 Code 707.23)	Y N	Lower back, sacrum (ICD-9 Code 707.03)	Y N
Stage IV (ICD -9 Code 707.24)	Y N	Hip (ICD -9 Code 707.04)	Y N
Unstageable (ICD- 9 Code 707.25)	Y N	Buttocks (ICD-9 Code 707.05)	Y N
Unspecified (ICD-9 Code 707.20)	Y N	Ankle (ICD-9 Code 707.06)	Y N
		Heel (ICD-9 Code 707.07)	Y N
		Other site (ICD-9 Code 707.09)	Y N

- Indicator** Y Indicates the condition was present on admission.
 W Affirms the provider has determined, based on data and clinical judgment, that it is not possible to document when the onset of the condition occurred.
 N Indicates the condition was not present on admission
 U Indicates the documentation is insufficient to determine if the condition was present at the time of admission.

Wound 1 _____ 2 _____ 3 _____ 4 _____ 5 _____ 6 _____

- 2. **History of closed** (repaired) Stage III, IV, unstageable pressure ulcer. Y N Location _____
Comment _____
- 3. **Arterial** (ischemic) Y N Partial Thickness Y N Full Thickness Y N Location _____
Comment _____
- 4. **Venous Stasis** Y N Partial Thickness Y N Full Thickness Y N Location _____
Comment _____
- 5. **Lymphedema** Y N Partial Thickness Y N Full Thickness Y N Location _____
Comment _____
- 6. **Neuropathic** Y N Partial Thickness Y N Full Thickness Y N Location _____
Comment _____
- 7. **Trauma** Y N Partial Thickness Y N Full Thickness Y N Location _____
Comment _____
- 8. **Surgical** Y N Partial Thickness Y N Full Thickness Y N Location _____
Comment _____
- 9. **Other** Y N Partial Thickness Y N Full Thickness Y N Location _____
Comment _____

Signature _____ Date _____