Interdisciplinary Team Pressure Ulcer Safety Huddle Form

Addressograph Label
Client Label
DOB mm/dd/yyyy
PHIN/MHSC#
HRN

Date/Time discovered: _____ Braden Score:_____
Pressure Injury ☐Stage 1 ☐Stage 2 ☐Stage 3 ☐Stage 4 ☐Unstageable ☐ Location of Injury:_____
Presence of pressure injury on admission ☐Yes ☐No Date: _____Stage:_____

Disciplines	Present at Huddle (Name)	Was Involved in Care	To be Consulted
RN/LPN/RPN			
CRN/Charge Nurse			
Physician/Delegate			
Enterostomal Therapy Wound & Skin Nurse			
Occupational Therapist			
Physiotherapist			
Dietitian			
Health Care Aide			
Other (s)			

☐Cancer	☐ Confined to bed	☐ Chronic obstruction pulmonary disease
☐ Incontinent of urine	☐ Incontinent of stool	☐ Critical illness/multiple system failure
☐ Congestive heart failure	☐ Skin is often moist	☐ Sensory deficit in any part of the body
☐ Chronic renal failure	☐ Dementia/delirium/sedation	☐ Unable to change or control body position
☐ Diabetes	☐ Hemodynamic instability	☐ Unable to verbally communicate discomfort
☐ Uncontrolled pain	☐ Use of anticoagulation therapy	☐ Weight loss greater than 10% of normal weight
☐ Morbid obesity	☐ Use of chemotherapy	☐ Peripheral vascular disease
☐ Use of corticosteroids	☐ History of previous pressure injury	☐ Other:

Interventions Currently in Place	Yes	No	N/A	Comments	To be implemented
Disclosure to client					
Disclosure to family					
Nutritional supplements provided					
Barrier products applied to perineal area					
Bathing products/perineal wipes in use					
Soaker pads in use					
Head of the bed elevated less than 30° unless contraindicated					
Dietitian's recommendation followed					

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Interventions Currently in Place	Yes	No	N/A	Comments	To be Implemented
Adequate nutrition /hydration					
Therapeutic surface in place					
Chair redistribution cushion in use					
Cushion calibrations checked weekly					
Chair assessment done					
Turning equipment in use					
Heels offloaded					
Patient turned every 2h or more					
Patient/family education on pressure injury prevention provided					

Additional Information: _____

Plan: _____

_____ _____

Manger/Designate print and sign name Date