



Pressure Injury Prevention Audit Tool

Instructions: Each facility/unit/program complete an audit yearly in February (Month may be subject to change). Audit 10% of client health records on a unit (minimum of 5)

Date: _____ Health Record #: _____

Site: _____ Area: Acute Care Transitional Care LTC Home Care

Braden Scale:	Yes	No	N/A	Comment
1. Initial Braden Scale is done within 24 hours of admission				
2. The reassessment is done at regular intervals:				
a. Critical Care Q 24hrs				
b. Acute Care Q 48hrs after admission				
Weekly thereafter				
c. Long term care weekly x 4 after admission				
Quarterly thereafter				
d. Home Care				
Minimally yearly				
Weekly for the first 3 weeks post hospital discharge for clients with a Braden Score of less than 18				
Quarterly if high or very high risk				
3. The Braden Scale is completed with a change of condition				
Intervention Checklist/Standard Care Plan	Yes	No	N/A	Comment
4. The Pressure Injury Prevention & Management Intervention Checklist is completed				
5. The Pressure Injury Prevention and Management Individualized Care Plan – Home Care is completed				
6. The Braden Scale Standard Care Plan is completed				
7. The client with a Braden Score of 18 or less received the handout “Taking the Pressure Off – Pressure Injury Prevention Pamphlet”				
Skin Observation Form	Yes	No	N/A	Comment
8. The Health Care Aide Skin Observation Form is completed:				
a. Weekly on all clients with a Braden Score of 18 or less				
b. Anytime a problem is observed				
9. The Home Care Attendant Skin Observation Form is completed:				
a. Weekly on all home care clients with a Braden Score of 18 or less				
b. Anytime a problem is observed				
Wound and Skin Discharge Summary Form	Yes	No	N/A	Comment
10. If the client was transferred between care areas within the Region in last 6 months, the Wound and Skin Discharge Summary Form or a copy of the form is on the chart.				
Reporting Pressure Injuries	Yes	No	N/A	Comment
11. A Stage 2, 3 or 4 or Unstageable pressure injury acquired while in care, is reported to the manager/designate.				
a. An Interdisciplinary Team Pressure Injury Safety Huddle Form is completed within 24 – 48 hours of reported injury.				
Totals				

Audit completed by: _____

Signature

Designation

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The following is to be completed with or by the Client Services Manager/Site Lead/Supervisor
for all No responses:

Recommendations for improvement:

Improvement completion date:

Completed by:

Signature:

Designation: