

## Pressure Ulcer

**Client Name:** \_\_\_\_\_ **#:** \_\_\_\_\_ **Initiated by:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Screen**  
Nutrition Screen diagnosis: Pressure Ulcer  
Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**Goals (check any/all):**

- Maintain or improve nutritional status in \_\_\_\_\_ (goal time).
- Correct causes of involuntary weight loss where possible in \_\_\_\_\_ (goal time).
- Maintain or improve hydration status to prevent dehydration in \_\_\_\_\_ (goal time).
- Weight  maintained, or  loss/ gain of \_\_\_\_\_ lb in \_\_\_\_\_ (goal time).
- Support pressure ulcer healing in \_\_\_\_\_ (goal time).

**Assess (Check any/all)**

- Multiple pressure ulcers
- Stage III or IV pressure ulcer
- Receiving enteral or parenteral nutrition support
- Weight/BMI**
  - Weight change >3 lb/wk, >5%/mo, or >10%/6 mo
  - BMI <20
  - BMI >27
- Infection (UTI, URI)
- Poor Oral Intake Symptoms**
  - Complex diet order
  - Nausea/vomiting
  - Poor appetite/early satiety
  - Problems chewing/swallowing
  - Depression/anxiety
  - GI distress

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**Moderate Risk Interventions (Check any/all)**

- Food Record provided and explained
- Fluid intake encouraged
- Wound care explained
- Obtain Dr. orders as needed:**
  - RD chart consult
  - Monitor weight q: \_\_\_\_\_
  - Multiple vitamin/mineral supplement
  - BID/TID supplements
- Other: \_\_\_\_\_  
(See notes for documentation.)

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**High Risk Interventions (Check any/all)**

- Food Record provided and explained
- Fluid intake stressed
- Obtain Dr. orders as needed:**
  - RD referral for home visit(s)
  - Monitor weight q: \_\_\_\_\_
  - Monitor I & O q: \_\_\_\_\_
  - Multiple vitamin/mineral supplement
  - BID/TID supplements
  - Tube feeding
- Other: \_\_\_\_\_  
(See notes for documentation.)

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**Assess Response (Check any/all)**

- Weight change not appropriate per goal
- Dehydration
- Development of Stage III or IV pressure ulcer
- Development of multiple pressure ulcers
- Onset of new infection
- Exhibiting Poor Oral Intake Symptoms
- Other: \_\_\_\_\_  
(See notes for documentation.)

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**Outcomes Achieved**

- Pressure ulcers improved
- Weight maintained or improved
- Hydration status maintained or improved
- Other: \_\_\_\_\_  
(See notes for documentation.)
- Repeat Nutrition Risk Screen in \_\_\_\_\_ days

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**Assess Response (Check any/all)**

- Stage III or IV pressure ulcer
- Multiple pressure ulcers
- Weight change not appropriate per goal
- Infection worsened
- Continued dehydration
- Continued Poor Oral Intake Symptoms
- Other: \_\_\_\_\_  
(See notes for documentation.)

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**Outcomes Achieved**

- Pressure ulcers improved
- Weight maintained or improved
- Hydration status maintained or improved
- Other: \_\_\_\_\_  
(See notes for documentation.)
- Repeat Nutrition Risk Screen in \_\_\_\_\_ days

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**Outcomes Not Achieved**  
Reassess/evaluate need for EN/PN (refer to Tube Feeding Nutrition Care Plan). Document on Nutrition Variance Tracking form.