Pressure Ulcer Prevention Checklist

- For residents who are at severe risk, try “last up, first down.”
- TURN, TURN, TURN every one to two hours as care planned in bed, chair and wheelchair.
- Daily skin inspections with moisturizing skin with a.m. and p.m. care.
- Reduce moisture—keep skin clean and dry; use moisture-barrier ointments.
- Maintain good nutrition and hydration. Offer a sip of water with every resident contact.
- Reduce friction and shearing by using assistive and lifting devices.
- Use pressure-reducing support surfaces in bed and chair.
- Complete a skin assessment on all new admissions using a standardized tool (Braden or Norton scale) within eight hours of admit and weekly for four weeks, then quarterly or with each change of condition.
- Implement an interim preventive care plan within 24 hours post-admission—reduce all risks of injury from moisture, immobility, poor nutrition, friction/shear, inactivity and poor health.
- Educate staff on pressure ulcer facility preventive practices at time of hire and annually.
- Notify dietary staff within 24 hours if resident is at risk of developing a pressure ulcer or is admitted with or acquires a pressure ulcer.
- Assess residents for restorative potential and encourage mobility and activity.
- Educate residents and their families on self-care measures to prevent pressure ulcer development.