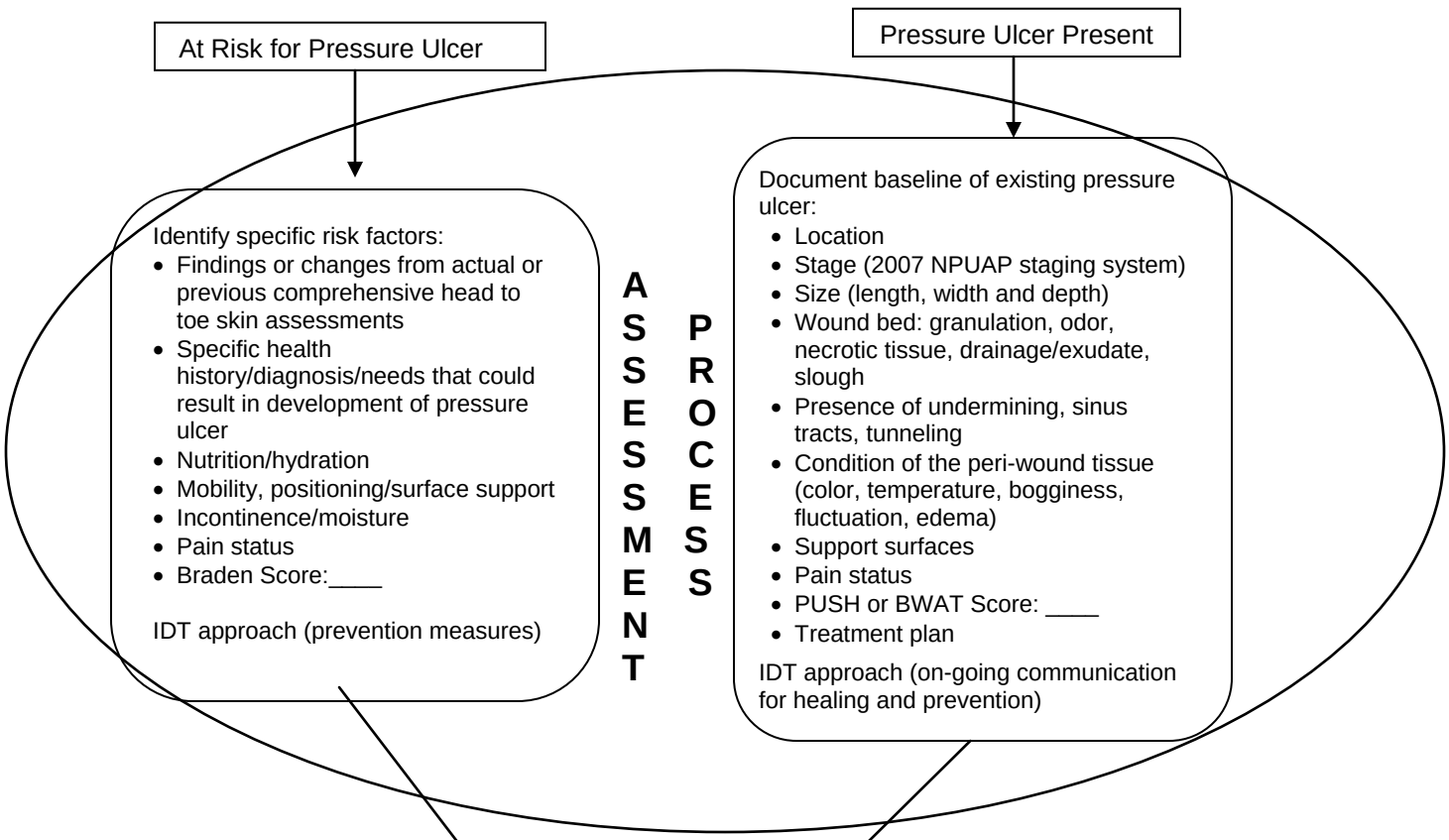
Pressure Ulcer Prevention and Management Care Plan Process



IDT reviews assessment and develops an individualized care plan

Care plan

With:
- Measurable and realistic goals with time-frames
- Individualized interventions to meet goals and designated time frames

When risk for pressure ulcer development has been identified:
- Include corresponding interventions to address those risk factors identified during assessment
- Identify frequency of pressure ulcer risk reassessment

When a pressure ulcer is present, the care plan addresses the information above and also includes:
- Description of the individual's pressure ulcer baseline: i.e.: location, measurements, descriptions of wound bed and peri-wound tissue, PUSH/BWAT score
- PU interventions that address individual risk factors, prevention and/or effective treatment strategies
- Frequency of re-evaluating an existing pressure ulcer
- Identify which discipline(s) are responsible for implementing interventions

Review and update individualized care plan according to risk factors and/or healing and treatment plan
- Conduct periodic IDT reviews to evaluate the effectiveness of interventions, strategies for prevention, treatment plan, healing process and/or response to treatment
- On-going monitoring of prevention and treatment effectiveness
- Revisions to the care plan based on changes in the overall assessment, and/or the individual's response to treatment