

Data Collection Form for Prevalence Rate of Pressure Injury

Please fill in this form for every patient with pressure injury

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Not shared

* Indicates required question

Hospital name *

Your answer

Ward number *

Your answer

Patient's file number *

Your answer

Sex *



Male



Female

Patient age in years *

Your answer



Patient weight in kg *

Your answer

Patient height in cm *

Your answer

Date of current admission *

Date

mm/dd/yyyy

Mobility condition/Activity *

- Mobile
- Immobile
- Mobile with assistant

Patient has *

Select all that apply

- Chronic disease
- Spinal cord injury
- Immobility/Reduced mobility
- Vasopressor infusion
- Sepsis
- Dehydration
- Other:



Date of pressure injury onset *

Date

mm/dd/yyyy

Pressure injury is *

- Hospital-acquired
- Community-acquired
- Hospital and community-acquired

Location/s of pressure injury *

Select all that apply

- Sacrum
- Buttocks
- Heels
- Back
- Back of head
- Elbows
- Other:

Number of pressure injuries *

Your answer



Worst-stage pressure injury *

- Stage 1
- Stage 2
- Stage 3
- Stage 4
- Suspected deep tissue injury

Is pressure injury related to medical devices? *

- Yes
- No

Preventive Measurement Taken *

Select all that apply

- Pressure injury assessment on admission
- Reassess risk for all patients daily
- Inspect skin of at-risk patients daily
- Manage moisture
- Optimise nutrition/hydration
- Pressure-reducing surfaces
- Repositioning depends on their condition
- Using air mattress
- Other:

Braden scale assessment score documented? *

- Yes
- No



Braden scale assessment score *

Your answer

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