

Support Surfaces

Member's name: _____ Member's D.O.B: _____

Please respond to the following question(s):

1. What is the member's level of mobility? ____ Total Assistance/Bedbound ____ Other
2. Can the member independently make changes in body position significantly enough to alleviate pressure? ____ Yes ____ No
3. Are the member's bony prominences easily palpable on an existing support surface?
____ Yes ____ No
4. What are the members' risks or reasons for skin impairment?
____ Decreased/absent sensation
____ Impaired circulation
____ Impaired nutritional status
____ Incontinent bowel/bladder at least daily
____ Other
5. Does the member have a non-healing or worsening wound? ____ Yes ____ No
6. Is the member's nutritional status being addressed to optimize wound healing? ____ Yes ____ No
7. Does the member have multiple stage II pressure ulcers on their trunk or pelvis? ____ Yes ____ No
8. Location, Stage, Size of wound(s)

Wound 1:

Stage: _____

Size: _____

Location: _____

Wound 2:

Stage: _____

Size: _____

Location: _____

Wound 3:

Stage: _____

Size: _____

Location: _____

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9. Has the member been on a comprehensive wound treatment program including the following components? ____ Yes ____ No

- Use of an appropriate group 1 support surface
- Regular assessment by a licensed health care professional (usually at least weekly for an individual with a stage III or IV ulcer)
- Appropriate turning and positioning
- Appropriate wound care (for a stage II, III, IV ulcer)
- Appropriate management of moisture/incontinence
- Nutritional assessment and intervention consistent with the overall place of care

10. Has the member been placed on an appropriate Group I support surface for four (4) weeks?
____ Yes ____ No

11. Has the member's wound(s) not healed or has worsened over the four (4) week treatment with the Group I support surface? ____ Yes ____ No

12. Has the member bottomed out on their current Group I support surface? ____ Yes ____ No

13. Does the member have large or multiple stage II ulcer(s) on their trunk or pelvis? ____ Yes ____ No

14. Has the member received a myocutaneous flap or skin graft in the past sixty (60) days to treat a pressure ulcer on their trunk or pelvis and was on a Group II or III support surface for the past thirty (30) days prior to being discharged from a hospital or nursing facility? ____ Yes ____ No

Form Completed By:

Signature:

Date:
