

Comparing your Practice Pressure Ulcers



Name of Facility: _____

Date Reviewed: ____/____/20____

- DIRECTIONS:**
1. Enter the resident's clinical record number or initials.
 2. Review the clinical record for evidence of each practice.
 3. Enter a "Y" if it is identified or an "N" if it is not identified. (Reviewers may have N/A for some records.)
 4. Tally the number of "Y"s identified for each best practice, divide by the total number of applicable records reviewed to determine the percent.

Enter Resident's Clinical Record ID # or Initials	Clinical Record										TALLY		%
	1	2	3	4	5	6	7	8	9	10	# Yes	Total #	
	1.												
2.													
3.													
4.													
5.													
6.													
7.													
8.													
9.													
10.													