**Comprehensive Alternative Risk Factor Form**

This list combines regulations (per F-686 and MDS 3.0) with national standards and other items that increase a client’s risk for skin failure. The more check marks the higher the risk of skin failure. The risks should be evaluated weekly and reviewed with clients and family or other responsible parties.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Client Name: Facility: | Week | Week | Week | Week |
|  | REPORT DATE |  |  |  |  |
|  | RISK FACTORS-If the answer is yes, place check in the box. If the answer is no, leave blank. |  |  |  |  |
| 1.  | Moribund (actively dying, imminently terminal) |  |  |  |  |
| 2.  | Impaired/decreased mobility, decreased functional ability |  |  |  |  |
| 3.  | Restraints in place |  |  |  |  |
| 4. | Comorbid conditions (Does the client have 2 or more chronic diseases or conditions simultaneously such as diabetes, cardiovascular, pulmonary, or renal disease) |  |  |  |  |
| 5.  | Impaired blood flow or diagnosis of atherosclerosis, arterial insufficiency, PVD, chronic edema, smoking or CAD |  |  |  |  |
| 6.  | Refuses or resistant to some aspects of care and/or treatment |  |  |  |  |
| 7.  | Cognitive impairment |  |  |  |  |
| 8.  | Exposure of skin to urinary and/or fecal incontinence, perspiration, drainage or weeping |  |  |  |  |
| 9.  | Poor or reduced meal intake |  |  |  |  |
| 10. | Poor or reduced fluid intake |  |  |  |  |
| 11. | Previous healed ulcer and/or open area |  |  |  |  |
| 12.  | At risk for friction or shearing from repositioning or repetitive movements by the client |  |  |  |  |
| 13. | Admitted with potential for Deep Tissue Injury secondary to preadmission factors like prolonged bedrest, surgery; signs of skin impairment on admission, ambulance transport longer than 1 hour from point of departure to point of arrival |  |  |  |  |
| 14.  | Neuropathy and/or decreased sensation to feet and/or lower extremities |  |  |  |  |
| 15. | Disease or drug therapy that may affect wound healing including anticoagulant therapy, chemotherapeutic agents, immunosuppressant therapy such as steroids |  |  |  |  |
| 16. | Medically necessary interventions that may contribute to wound development; such as cast, braces, oxygen tubing, catheter, elevate Head of Bed order |  |  |  |  |
| 17.  | Acute changes in health status |  |  |  |  |
| 18. | Inpatient/Outpatient hospitalization in the last 90 days |  |  |  |  |
| 19. | Emergency Room visit in the last 90 days |  |  |  |  |
| 20. | Current open ulcer |  |  |  |  |
| 21. | Other (chart in nurses notes) |  |  |  |  |

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| --- | --- | --- | --- | --- | --- |
|  | OTHER CLINICAL INFORMATION |  |  |  |  |
| 1. | Resident Weight: Enter most recent weight |  |  |  |  |
| 2. | Resident left facility since last report date: If client left the facility during the previous week please check reason below: |  |  |  |  |
| 2a. | Hospital Admission |  |  |  |  |
| 2b.  | Emergency Room Visit Date:  |  |  |  |  |
| 2c.  | Returned from hospital admission during report week. Date of return:  |  |  |  |  |
| 2d.  | Other: (Document in Nurses Notes) |  |  |  |  |
| 3.  | (Optional) Braden Score: Please write the Braden Score at time of the report |  |  |  |  |
|  | Initials: |  |  |  |  |