

OASIS ITEM:
<p>(M0445) Does this patient have a Pressure Ulcer?</p> <p><input type="checkbox"/> 0 - No [If No, go to M0468]</p> <p><input type="checkbox"/> 1 - Yes</p>
DEFINITION:
<p>Identifies the presence of a pressure ulcer, defined as any lesion caused by unrelieved pressure resulting in tissue hypoxia and damage of the underlying tissue. Pressure ulcers most often occur over bony prominences.</p>
TIME POINTS ITEM(S) COMPLETED:
<p>Start of care Resumption of care Discharge from agency – not to an inpatient facility</p>
RESPONSE—SPECIFIC INSTRUCTIONS:
<ul style="list-style-type: none"> Answer this question “Yes” if this patient has a pressure ulcer at any stage. (See OASIS item M0450 for definitions of pressure ulcers by stage.) Answer “No” if the patient’s skin lesion is any other kind of ulcer or wound.
ASSESSMENT STRATEGIES:
<p>Interview for the presence of risk factors for pressure ulcers (i.e., immobility, activity limitations, skin moisture or incontinence, poor nutrition, limited sensory-perceptual ability). Inspect the skin over bony prominences carefully. It is important to differentiate pressure ulcers from other types of skin lesions.</p>