

Pressure Ulcers eCourse

Knowledge Checkup Module 5.1 Handout

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Knowledge Checkup – Questions

1.	What are the 10 typical medical interventions that are used to treat pressure ulcers?
2.	When preparing a pressure ulcer treatment plan, what types of information should we collect from the patient?
3.	What types of assessment should we do when preparing a pressure ulcer treatment plan?
4.	How often should we monitor the healing of a pressure ulcer?
5.	What type of information should we assess and record about the patient's skin characteristics?
6.	What are two assessment scales that are used to monitor healing of pressure ulcers?
7.	What types of characteristics does the Bates-Jensen Wound Assessment Tool measure?
8.	What types of things is a nurse looking for when using her clinical judgment to assess signs of wound healing?

Knowledge Checkup – Answers

- 1. Repositioning, support surfaces, cleansing, debridement, dressings, nutrition, managing infections and pain, and surgery
- 2. Medical history, physical examination and complications / comorbid conditions
- 3. Nutritional, pain, psychological, pressure ulcer risks, functional capacity, pressure redistribution, surfaces and patient knowledge
- 4. Observe at each dressing change; reassess at least weekly
- 5. Skin color, temperature, moles, incisions, intactness, bruises, scars and burns
- 6. Pressure Ulcer Scale for Healing (PUSH) and Bates-Jensen Wound Assessment Scale (BWAT)
- 7. Wound shape and location, size, edges, necrotic tissue type and amount, exudates type and amount, skin color, granulation tissue, depth, undermining, edema and epithelialization
- 8. Decreasing exudate; decreasing wound size; and improvement in wound bed tissue