NSQHS Standard 8 Pressure Injury
Patient audit tool

Hospital and Health Service:	Facility:	Audit Date/Period:
Ward/Unit:	Patient Medical Record Number (MRN):	

Patient audit tool: collects patient level data (on a ward/unit), use one audit tool for each patient audited

Notes:
- *Each facility needs to determine those audit questions that are applicable to their facility / health service circumstances for review*
- *Some questions and responses may not be applicable (eg. at a ward/unit level) and can be adapted to suit individual requirements*
- *The measurement plan details each audit question and the action/criteria it aligns to in the standard*

Bedside Observation & Documentation Questions		Response
1.0	Are there redistribution / positioning devices evidenced at the bedside?	☐ Yes ☐ No
1.1	If yes: Which Bedding devices? Select all devices that are present.	☐ Standard pressure reducing foam mattress ☐ Pressure reducing overlay – powered ☐ Pressure reducing overlay – unpowered ☐ Alternating mattress - replacement ☐ Alternating mattress - overlay ☐ Special / self adjusting mattress ☐ Specialty bed system ☐ Other _____
1.2	If yes to 1.0: Which Chair devices? Select all devices that are present.	☐ Pressure reducing chair ☐ Cushion ☐ Other _____ ☐ N/A
1.3	If yes to 1.0: Which Positioning devices? Select all devices that are present.	☐ Foam wedge ☐ Extra pillow ☐ Bed cradle ☐ Sheepskin ☐ Other _____ ☐ N/A

Bedside Observation & Documentation Questions		Response
2.0	Is there documented evidence at the bedside that a pressure injury risk assessment was undertaken on admission to the facility?	☐ Yes ☐ No
2.1	If yes: What is the patient's documented category of risk?	☐ No risk ☐ Low risk ☐ At risk ☐ Medium risk ☐ High risk ☐ Very high risk
2.2	If yes to 2.0: Within what timeframe from facility admission was the pressure injury risk assessment undertaken?	☐ <2hr ☐ <4hr ☐ <8 hr ☐ <12hr ☐ < 24 hr ☐ >24hr ☐ Not available
3.0	Is there documented evidence at the bedside that a comprehensive skin inspection was undertaken on admission to the facility? (Note: Comprehensive skin inspection involves checking for signs of erythema, blanching response, localised heat, oedema, induration and skin breakdown)	☐ Yes ☐ No
3.1	If yes: Within what timeframe from facility admission was the comprehensive skin inspection undertaken?	☐ <2hr ☐ <4hr ☐ <8 hr ☐ <12hr ☐ < 24 hr ☐ >24hr ☐ Not available
4.0	Is there documented evidence at the bedside of a Pressure Injury Prevention and Management Plan?	☐ Yes ☐ No
5.0	Is there documented evidence of referral to a wound management service?	☐ Yes ☐ No ☐ N/A (no pressure injury)
6.0	Is there evidence in the chart that the pressure injury was reported in the facility incident management system?	☐ Yes ☐ No ☐ N/A (no pressure injury)

Bedside Patient Questions		Response
7.0	Ask - "Have you received information on your risk of pressure injury?"	☐ Yes ☐ No ☐ Don’t know
8.0	Ask - "Were you involved in the development of a plan to prevent and/or manage your pressure injuries?"	☐ Yes ☐ No ☐ Don’t know

Skin Inspection		Response
9.0	Has verbal consent been obtained for full skin inspection?	☐ Yes ☐ No
9.1	If yes: Is there evidence of one or more pressure injuries?	☐ Yes ☐ No
9.2	If **one or more pressure injuries**, record the stage, site, side of body and whether the injury was present on admission (POA).	

POA	**Stage**	**Site** ***Insert site below*** Occiput, Ear, Nose, Lips/Mouth, Scapula, Humeral Head; Lower Arm/Hand, Elbow, Finger, Spine, Ischium, Sacrum/ Coccyx, Trochanter/Hip, Knee, Lower Leg, Ankle, Heel, Foot, Toe, Other	**Side (Left; Right; Middle)**
☐Yes ☐No	☐1 ☐2 ☐3 ☐4 ☐UPI ☐SDTI ☐Mucosal		☐L ☐M ☐R
☐Yes ☐No	☐1 ☐2 ☐3 ☐4 ☐UPI ☐SDTI ☐Mucosal		☐L ☐M ☐R
☐Yes ☐No	☐1 ☐2 ☐3 ☐4 ☐UPI ☐SDTI ☐Mucosal		☐L ☐M ☐R
☐Yes ☐No	☐1 ☐2 ☐3 ☐4 ☐UPI ☐SDTI ☐Mucosal		☐L ☐M ☐R
☐Yes ☐No	☐1 ☐2 ☐3 ☐4 ☐UPI ☐SDTI ☐Mucosal		☐L ☐M ☐R
☐Yes ☐No	☐1 ☐2 ☐3 ☐4 ☐UPI ☐SDTI ☐Mucosal		☐L ☐M ☐R
☐Yes ☐No	☐1 ☐2 ☐3 ☐4 ☐UPI ☐SDTI ☐Mucosal		☐L ☐M ☐R
☐Yes ☐No	☐1 ☐2 ☐3 ☐4 ☐UPI ☐SDTI ☐Mucosal		☐L ☐M ☐R
☐Yes ☐No	☐1 ☐2 ☐3 ☐4 ☐UPI ☐SDTI ☐Mucosal		☐L ☐M ☐R

Notes:
- UPI = Unstageable / Unclassified
- SDTI = Suspected Deep Tissue Injury
- if ‘No’ to POA, then this is deemed to be hospital acquired

We recognise and appreciate that there may be gaps in the scope and questions included in these tools, however, as this is a **'Work in Progress'**, future versions will build upon the existing scope and questions, and incorporate staff feedback and suggestions for improvement.

The Patient Safety and Quality Improvement Service, Clinical Excellence Division, welcomes feedback on the audit tools and the measurement plans, to ensure the tools meet the needs of Hospital and Health Services. We appreciate any feedback you can provide for the next version.

Please email Patient Safety and Quality Improvement Service on PSQIS_Comms@health.qld.gov.au for feedback or comments.