INTEGUMENTARY STATUS

(M1300) Pressure Ulcer Assessment: Was this patient assessed for **Risk of Developing Pressure Ulcers**?

- ☐ 0 - No assessment conducted **[*Go to M1306*]**
- ☐ 1 - Yes, based on an evaluation of clinical factors (for example, mobility, incontinence, nutrition) without use of standardized tool
- ☐ 2 - Yes, using a standardized, validated tool (for example, Braden Scale, Norton Scale)

(M1302) Does this patient have a **Risk of Developing Pressure Ulcers**?

- ☐ 0 - No
- ☐ 1 - Yes

(M1306) Does this patient have at least one **Unhealed Pressure Ulcer at Stage II or Higher** or designated as Unstageable? (Excludes Stage I pressure ulcers and healed Stage II pressure ulcers)

- ☐ 0 - No **[*Go to M1322*]**
- ☐ 1 - Yes

(M1307) The **Oldest Stage II Pressure Ulcer** that is present at discharge: (Excludes healed Stage II Pressure Ulcers)

- ☐ 1 - Was present at the most recent SOC/ROC assessment
- ☐ 2 - Developed since the most recent SOC/ROC assessment. Record date pressure ulcer first identified:
  __ __ /__ __ /__ __ __ __
  month / day / year
- ☐ NA - No Stage II pressure ulcers are present at discharge

MXXXX (prior 1308) Current Number of Unhealed Pressure Ulcers at Each Stage or Unstageable:
(Enter "0" if none; Excludes Stage I pressure ulcers and healed Stage II pressure ulcers)

Stage Descriptions—unhealed pressure ulcers	Number Currently Present
A1. **Stage II:** Partial thickness loss of dermis presenting as a shallow open ulcer with red pink wound bed, without slough. May also present as an intact or open/ruptured serum-filled blister. [If Number of Stage II pressure ulcers is 0 Go to MXXXXB1]	___
A2. Number of <u>these</u> Stage II pressure ulcers that were present upon most recent SOC/ROC – enter how many were noted at the time of most recent SOC/ROC	___
B1. **Stage III:** Full thickness tissue loss. Subcutaneous fat may be visible but bone, tendon, or muscles are not exposed. Slough may be present but does not obscure the depth of tissue loss. May include undermining and tunneling. [If Number of Stage III pressure ulcers is 0 - Go to MXXXXC1]	___
B2. Number of <u>these</u> Stage III pressure ulcers that were present upon most recent SOC/ROC – enter how many were noted at the time of most recent SOC/ROC	___
C1. **Stage IV:** Full thickness tissue loss with visible bone, tendon, or muscle. Slough or eschar may be present on some parts of the wound bed. Often includes undermining and tunneling. [If Number of Stage IV pressure ulcers is 0 - Go to MXXXXD1]	___
C2. Number of <u>these</u> Stage IV pressure ulcers that were present upon most recent SOC/ROC – enter how many were noted at the time of most recent SOC/ROC	___
D1. Unstageable: Known or likely but Unstageable due to non-removable dressing or device [If Number of unstageable pressure ulcers due to non-removable dressing/device is 0 - Go to MXXXXE1]	___
D2. Number of <u>these</u> unstageable pressure ulcers that were present upon most recent SOC/ROC – enter how many were noted at the time of most recent SOC/ROC	___
E1. Unstageable: Known or likely but Unstageable due to coverage of wound bed by slough and/or eschar. [If Number of unstageable pressure ulcers due to coverage of wound bed by slough and/or eschar is 0 - Go to MXXXXF1]	___
E2. Number of <u>these</u> unstageable pressure ulcers that were present upon most recent SOC/ROC – enter how many were noted at the time of most recent SOC/ROC	___
F1. Unstageable: Suspected deep tissue injury in evolution. [If Number of unstageable pressure ulcers with suspected deep tissue injury in evolution is 0 – [Go to M1320 (at SOC/ROC), Go to M1322 (at Follow-up), Go to MXXXX (at Discharge)]	___
F2. Number of <u>these</u> unstageable pressure ulcers that were present upon most recent SOC/ROC – enter how many were noted at the time of most recent SOC/ROC	___

MXXXX (prior M1309) Worsening in Pressure Ulcer Status since SOC/ROC:

Instructions for a – c: Indicate the number of current pressure ulcers that were **not present or were at a lesser stage** at the most recent SOC/ROC. If no current pressure ulcer at a given stage, enter 0.	
	Enter Number
a. Stage II	___
b. Stage III	___
c. Stage IV	___

Instructions for d: For pressure ulcers that are Unstageable due to slough/eschar, report the number that are new or were a Stage I or II at the most recent SOC/ROC.	
	Enter Number (Enter "0" if there are no Unstageable pressure ulcers at discharge OR if all current Unstageable pressure ulcers were Stage III or IV or were Unstageable at most recent SOC/ROC)
d.1Unstageable: Known or likely but Unstageable due to non-removable dressing or device	___
d.2 Unstageable: Known or likely but Unstageable due to coverage of wound bed by slough and/or eschar.	___
d.3 Unstageable: Suspected deep tissue injury in evolution.	___

(M1320) Status of Most Problematic Pressure Ulcer that is Observable: (Excludes pressure ulcer that cannot be observed due to a non-removable dressing/device)

- ☐ 0 - Newly epithelialized
- ☐ 1 - Fully granulating
- ☐ 2 - Early/partial granulation
- ☐ 3 - Not healing
- ☐ NA - No observable pressure ulcer

(M1322) Current Number of Stage I Pressure Ulcers: Intact skin with non-blanchable redness of a localized area usually over a bony prominence. The area may be painful, firm, soft, warmer, or cooler as compared to adjacent tissue.

☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 or more

(M1324) Stage of Most Problematic Unhealed Pressure Ulcer that is Stageable: (Excludes pressure ulcer that cannot be staged due to a non-removable dressing/device, coverage of wound bed by slough and/or eschar, or suspected deep tissue injury.)

- ☐ 1 - Stage I
- ☐ 2 - Stage II
- ☐ 3 - Stage III
- ☐ 4 - Stage IV
- ☐ NA - Patient has no pressure ulcers or no stageable pressure ulcers

(M1330) Does this patient have a **Stasis Ulcer**?

- ☐ 0 - No **[*Go to M1340*]**
- ☐ 1 - Yes, patient has BOTH observable and unobservable stasis ulcers
- ☐ 2 - Yes, patient has observable stasis ulcers ONLY
- ☐ 3 - Yes, patient has unobservable stasis ulcers ONLY (known but not observable due to non-removable dressing/device) **[*Go to M1340*]**

(M1332) Current Number of Stasis Ulcer(s) that are Observable:

- ☐ 1 - One
- ☐ 2 - Two
- ☐ 3 - Three
- ☐ 4 - Four or more

(M1334) Status of Most Problematic Stasis Ulcer that is Observable:

- ☐ 1 - Fully granulating
- ☐ 2 - Early/partial granulation
- ☐ 3 - Not healing

(M1340) Does this patient have a **Surgical Wound?**

- ☐ 0 - No **[*At SOC/ROC, go to M1350 ; At FU//DC, go to M1400*]**
- ☐ 1 - Yes, patient has at least one observable surgical wound
- ☐ 2 - Surgical wound known but not observable due to non-removable dressing/device **[*At SOC/ROC, go to M1350 ; At FU/DC, go to M1400*]**

(M1342) Status of Most Problematic Surgical Wound that is Observable

- ☐ 0 - Newly epithelialized
- ☐ 1 - Fully granulating
- ☐ 2 - Early/partial granulation
- ☐ 3 - Not healing

(M1350) Does this patient have a **Skin Lesion** or **Open Wound** (excluding bowel ostomy), other than those described above, that is receiving intervention by the home health agency?

- ☐ 0 - No
- ☐ 1 - Yes

(MXXXX) Active Diagnoses – Active Diagnoses in the last 7 days – Check all that apply
Diagnoses listed in parentheses are provided as examples and should not be considered as all –inclusive lists

☐ 1 - **Peripheral Vascular Disease (PVD) or Peripheral Arterial Disease (PAD)**

☐ 2 - **Diabetes Mellitus (DM)** (e.g., diabetic retinopathy, nephropathy, and neuropathy)

(MXXXX) Height and Weight – While measuring, if the number is X.1 – X.4 round down; X.5 or greater round up

☐☐ A. Height (in inches). Record most recent height measure since the most recent SOC/ROC

☐☐☐ B. Weight (in pounds). Base weight on most recent measure in last 3 days; measure weight consistently, according to standard agency practice (e.g., in a.m. after voiding, before meal, with shoes pounds off, etc.)