



Special Decubitus Mattress Questionnaire

Patient Name: _____ DOB: _____ RIN: _____

Individual answers to all of the questions are required for rental consideration of pressure pads and mattress overlays. These questions should be answered by the home health agency registered nurse or the attending physician; all of the information must be reviewed and signed by the attending practitioner. An updated form is needed for each renewal that includes a dated wound assessment less than seven days old at the time of submission of the request.

1. Provide complete list of primary and secondary diagnoses as well as comorbidities and complicating factors such as chemotherapy, transplant recipient, dementia, obesity, nutritional deficiencies, mobility limitations, impaired sensation, hip or knee replacement, fracture, and caregiver health impairments.

2. Provide complete description of any areas of skin breakdown including etiology (pressure, surgical, vascular-venous stasis/arterial, neuropathic/diabetic, traumatic), measurements (length x width x depth), wound bed characteristics (granulation tissue, slough, and eschar), presence of infection, margins for tunneling and undermining, drainage (type and amount), age of wound(s), and staging for pressure wounds.

3. Is the patient presently on a pressure-relief system or been on an ulcer treatment program for at least the last month that has included the use of a non-powered pressure reducing overlay/mattress or alternating pressure pad? Describe further.

4. Provide details of past and present wound treatment plan that include but are not limited to the following as relevant:

- a. Education of patient and caregivers
- b. Optimization of nutritional deficiencies
- c. Treatment of anemia
- d. Incontinence management
- e. Measures to offload pressure and reduce risk of shear
- f. Improvement of glucose control for diabetics
- g. Infection of wound and/or osteomyelitis
- h. Topical antimicrobials
- i. Growth factors, skin substitutes, electromagnetic therapy, electrical stimulation, hyperbaric oxygen, thermal ultrasound, topical collagen, and extracellular matrix protein
- j. Compression for venous insufficiency
- k. Revascularization for arterial insufficiency
- l. Surgical intervention (flap, graft)
- m. Debridement (surgical, enzymatic)
- n. Negative pressure wound therapy
- o. Low intensity ultrasound saline therapy

Practitioner's Signature with degree:

Date

NPI: _____

Office Phone #: _____

Fax: _____