

# TISSUE TOLERANCE TESTING

<< Place Resident Label Here >>

Criteria: Residents independent with mobility and continent of bowel and bladder require **no testing**. Residents who have incontinence, residents who are continent but require assistance with mobility or residents who are suspected of being at risk for pressure ulcers **require testing**.

Resident Requires Testing       Resident Requires No Testing

(Rationale for not testing:)  
\_\_\_\_\_

## LYING TISSUE TOLERANCE DATA

This test will help determine which interval best reduces resident risk for developing pressure ulcers. The test may be started at the interval step which best reflects the residents usual routine. Redness should resolve in 20-40 minutes after being repositioned; a recheck is necessary to correctly determine proper positioning interval for resident. Once it has been determined that there are no reddened areas of concern after the measured interval, stop the testing and forward this form to RN Manager.

Does resident have a pressure reduction device on their bed or lying surface?  Yes     No

Type of device(s): \_\_\_\_\_

If resident's usual routine exceeds 2 hours, write in time intervals used in the testing. Start with maximum time and each step is a decrease of ½ hour (eg. 1<sup>st</sup> step 4 hours, 2<sup>nd</sup> step 3 ½ hours, etc.)

1 <sup>st</sup> Step (2 hours)	1 <sup>st</sup> Step ( _____ hrs)
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Reposition resident and check boney prominences after resident has been lying without interruption.

Skin observation/results: \_\_\_\_\_

If redness noted, recheck the area in 20-40 minutes.

Redness noted:     Yes     No

Record if redness is resolved or not:     Resolved     Not Resolved

If redness resolved, stop testing.

If redness is not resolved, proceed to the next step as is convenient for resident.

Nurse Signature \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

2 <sup>nd</sup> Step (1 hour 30 minutes)	2 <sup>nd</sup> Step ( _____ hrs _____ min)
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Reposition resident and check boney prominences after resident has been lying without interruption.

Skin observation/results: \_\_\_\_\_

If redness noted, recheck the area in 20-40 minutes.

Redness noted:     Yes     No

Record if redness is resolved or not:     Resolved     Not Resolved

If redness resolved, stop testing.

If redness is not resolved, proceed to the next step as is convenient for resident.

Nurse Signature \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

3<sup>rd</sup> Step (1 hour)

3<sup>rd</sup> Step ( \_\_\_\_\_ hrs \_\_\_\_\_ min)

Reposition resident and check boney prominences after resident has been lying without interruption.

Skin observation/results: \_\_\_\_\_

If redness noted, recheck the area in 20-40 minutes.

Redness noted:     Yes     No

Record if redness is resolved or not:    Resolved     Not Resolved

If redness resolved, stop testing.

If redness is not resolved, proceed to the next step as is convenient for resident.

Nurse Signature \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

4<sup>th</sup> Step ( \_\_\_\_\_ hour)

4<sup>th</sup> Step ( \_\_\_\_\_ hrs \_\_\_\_\_ min)

Reposition resident and check boney prominences after resident has been lying without interruption.

Skin observation/results: \_\_\_\_\_

If redness noted, recheck the area in 20-40 minutes.

Redness noted:     Yes     No

Record if redness is resolved or not:    Resolved     Not Resolved

If redness resolved, stop testing.

If redness is not resolved, notify RN manager for further direction.

Nurse Signature \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

RN Summary/Risk Factors/Comments: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

RN Signature \_\_\_\_\_ Date: \_\_\_\_\_