


<b>DCOP NF39E Form</b>	<b>Health Information and Quality Authority</b> Designated centres for older people (DCOP) <b>Quarterly notification of incidents*</b> <b>NF39E Any pressure ulcer (category II or higher) sustained by a resident</b>	 <b>Health Information and Quality Authority</b> An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte
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<b>Section 1. Centre details.</b>		
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Centre name	
Centre ID (OSV)	
Unit or ward name (if applicable)	
Reporting <b>year</b>	
Reporting <b>quarter</b>	<b>Quarter 1</b> (Jan, Feb, Mar) <b>Quarter 2</b> (Apr, May, Jun) <b>Quarter 3</b> (Jul, Aug, Sep) <b>Quarter 4</b> (Oct, Nov, Dec)

\* Please complete this form in line with the Chief Inspector's notification guidance. You can download the guidance at [www.hiqa.ie](http://www.hiqa.ie)

**Section 2. Details of pressure ulcer sustained by residents during the quarter.**

#	Category of pressure ulcer	Did pressure ulcer require medical treatment?	Did pressure ulcer require hospital treatment?	Where was pressure ulcer sustained?	Other details
1.	Category II Partial Thickness Skin Loss Category III: Full Thickness Skin Loss Category IV: Full Thickness Tissue Loss Suspected Deep Tissue Injury Depth Unknown Unstageable: Depth Unknown	Yes No	Yes No	In this centre In hospital In another designated centre Other	
2.	Category II Partial Thickness Skin Loss Category III: Full Thickness Skin Loss Category IV: Full Thickness Tissue Loss Suspected Deep Tissue Injury Depth Unknown Unstageable: Depth Unknown	Yes No	Yes No	In this centre In hospital In another designated centre Other	
3.	Category II Partial Thickness Skin Loss Category III: Full Thickness Skin Loss Category IV: Full Thickness Tissue Loss Suspected Deep Tissue Injury Depth Unknown Unstageable: Depth Unknown	Yes No	Yes No	In this centre In hospital In another designated centre Other	
4.	Category II Partial Thickness Skin Loss Category III: Full Thickness Skin Loss Category IV: Full Thickness Tissue Loss Suspected Deep Tissue Injury Depth Unknown Unstageable: Depth Unknown	Yes No	Yes No	In this centre In hospital In another designated centre Other	
5.	Category II Partial Thickness Skin Loss Category III: Full Thickness Skin Loss Category IV: Full Thickness Tissue Loss Suspected Deep Tissue Injury Depth Unknown Unstageable: Depth Unknown	Yes No	Yes No	In this centre In hospital In another designated centre Other	

**Section 2. Details of pressure ulcer sustained by residents during the quarter.**

#	Category of pressure ulcer	Did pressure ulcer require medical treatment?	Did pressure ulcer require hospital treatment?	Where was pressure ulcer sustained?	Other details
6.	Category II Partial Thickness Skin Loss Category III: Full Thickness Skin Loss Category IV: Full Thickness Tissue Loss Suspected Deep Tissue Injury Depth Unknown Unstageable: Depth Unknown	Yes No	Yes No	In this centre In hospital In another designated centre Other	
7.	Category II Partial Thickness Skin Loss Category III: Full Thickness Skin Loss Category IV: Full Thickness Tissue Loss Suspected Deep Tissue Injury Depth Unknown Unstageable: Depth Unknown	Yes No	Yes No	In this centre In hospital In another designated centre Other	
8.	Category II Partial Thickness Skin Loss Category III: Full Thickness Skin Loss Category IV: Full Thickness Tissue Loss Suspected Deep Tissue Injury Depth Unknown Unstageable: Depth Unknown	Yes No	Yes No	In this centre In hospital In another designated centre Other	
9.	Category II Partial Thickness Skin Loss Category III: Full Thickness Skin Loss Category IV: Full Thickness Tissue Loss Suspected Deep Tissue Injury Depth Unknown Unstageable: Depth Unknown	Yes No	Yes No	In this centre In hospital In another designated centre Other	
10.	Category II Partial Thickness Skin Loss Category III: Full Thickness Skin Loss Category IV: Full Thickness Tissue Loss Suspected Deep Tissue Injury Depth Unknown Unstageable: Depth Unknown	Yes No	Yes No	In this centre In hospital In another designated centre Other	

### Section 3. Declaration.

I, the undersigned, declare that the information I have provided in this notification form is true to the best of my knowledge and belief.

Name (print)

Position

Person in charge  
Authorised signatory for and on behalf of the registered provider

Signed

Date

Contact number  
(during office hours)

This form should be either:

- **emailed** to: [dcop@hiqa.ie](mailto:dcop@hiqa.ie) or,
- **posted** to: DCOP Regulatory Support Team, Regulatory Support Services, Health Information and Quality Authority, Head Office, Unit 1301, City Gate, Mahon, Cork, T12 Y2XT.

Telephone no: (021) 240 9300

Email: [dcop@hiqa.ie](mailto:dcop@hiqa.ie)