

Name mattress do not just enter "air" e.g. Autologic, Alpha Active. Identify setting used e.g. dynamic or constant low pressure? What is your rationale for implementing this mattress & the chosen setting? What checks should be made to the mattress daily? Review equipment & state if step up or down is required & why. If Repose mattress used include advice on inflation & checks.

Score plus rationale – what key risk factors have been identified & how are they to be addressed? Does the score reflect the true level of pressure ulcer risk? State frequency of reassessments. If reassessment shows a change in the patient's condition, what are the changes & how are they to be dealt with. Frequency of skin inspection? Does the patient have a pressure ulcer (category/grade) or moisture lesion?

What cushion has been implemented & provide a rationale for this selection. Is the patient's posture good? Do they need to be referred to the physio or OT to improve their posture? What checks need to be made to the cushion & frequency? E.g. advise carers to re-inflate cushion at least twice weekly

State if heels should be off loaded & how e.g. Repose Heel Protectors, Heel Lift or a cushion. State if dermal pads or a heel cast are used & why. Are there any other vulnerable areas that dermal pads need to be applied e.g. spine, ears, ankles, between knees etc. Frequency of inspection of areas.

Turning regime including frequency & positions e.g. 30° tilt or side to side tilts in chair. Document any position changes & advice to carers & family. Seating duration & advice given about returning to bed to offload pressure from the sacro-gluteal area in the afternoon. Equipment to use for repositioning e.g. slide sheets. Does pain need to be addressed before repositioning? Any transfer issues & how are they to be addressed? Use of knee break on electric bed to prevent sliding. If the patient is starting to develop persistent redness to any bony prominences review repositioning

Refer all grade/category 3, 4 & unstageable pressure ulcers to TV & notify dietitian.

Pressure ulcer prevention care plan

To be completed by a registered healthcare professional for all patients on admission and reviewed at least weekly. Refer to the flow chart on page 2 for guidance.

	Assessment Plan and rationale <small>(please explain rationale in bullet points)</small>	Review																								
What is the Walsall score		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td rowspan="2" style="text-align: center; vertical-align: middle;">Week 1</td> <td>Variance?</td> <td>Yes</td> <td>No</td> </tr> <tr> <td>Think SSKIN reinforced</td> <td>Yes</td> <td>No</td> </tr> <tr> <td colspan="4">Signature: <i>Matt Ress</i></td> </tr> <tr> <td colspan="4">Date: 1/4/19</td> </tr> </table>	Week 1	Variance?	Yes	No	Think SSKIN reinforced	Yes	No	Signature: <i>Matt Ress</i>				Date: 1/4/19												
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Mattress selection (Refer to mattress selection flow-chart, available on wards)		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td rowspan="2" style="text-align: center; vertical-align: middle;">Week 2</td> <td>Variance?</td> <td>Yes</td> <td>No</td> </tr> <tr> <td>Think SSKIN reinforced</td> <td>Yes</td> <td>No</td> </tr> <tr> <td colspan="4">Signature:</td> </tr> <tr> <td colspan="4">Date:</td> </tr> </table>	Week 2	Variance?	Yes	No	Think SSKIN reinforced	Yes	No	Signature:				Date:												
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Seating/cushion selection (Refer to seating selection flow-chart available on wards)		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td rowspan="2" style="text-align: center; vertical-align: middle;">Week 3</td> <td>Think SSKIN reinforced</td> <td>Yes</td> <td>No</td> </tr> <tr> <td>Signature:</td> <td></td> <td></td> </tr> <tr> <td colspan="4">Date:</td> </tr> </table>	Week 3	Think SSKIN reinforced	Yes	No	Signature:			Date:																
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Other equipment e.g. Repose Foot Protectors		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td rowspan="2" style="text-align: center; vertical-align: middle;">Week 4</td> <td>Variance?</td> <td>Yes</td> <td>No</td> </tr> <tr> <td>Think SSKIN reinforced</td> <td>Yes</td> <td>No</td> </tr> <tr> <td colspan="4">Signature:</td> </tr> <tr> <td colspan="4">Date:</td> </tr> </table>	Week 4	Variance?	Yes	No	Think SSKIN reinforced	Yes	No	Signature:				Date:												
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Repositioning regime Frequency of movement, suitable positions/time in each position Complete repositioning chart.		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td rowspan="2" style="text-align: center; vertical-align: middle;">Week 5</td> <td>Variance?</td> <td>Yes</td> <td>No</td> </tr> <tr> <td>Think SSKIN reinforced</td> <td>Yes</td> <td>No</td> </tr> <tr> <td colspan="4">Signature:</td> </tr> <tr> <td colspan="4">Date:</td> </tr> </table>	Week 5	Variance?	Yes	No	Think SSKIN reinforced	Yes	No	Signature:				Date:												
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Advice and referrals	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>Think SSKIN booklet given to patient / carers</td> <td>Yes</td> <td>No</td> </tr> <tr> <td>Referral to TV team</td> <td>Yes</td> <td>No</td> </tr> <tr> <td>Referral to dietitian</td> <td>Yes</td> <td>No</td> </tr> </table>	Think SSKIN booklet given to patient / carers	Yes	No	Referral to TV team	Yes	No	Referral to dietitian	Yes	No	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td rowspan="2" style="text-align: center; vertical-align: middle;">Week 7</td> <td>Variance?</td> <td>Yes</td> <td>No</td> </tr> <tr> <td>Think SSKIN reinforced</td> <td>Yes</td> <td>No</td> </tr> <tr> <td colspan="4">Signature:</td> </tr> <tr> <td colspan="4">Date:</td> </tr> </table>	Week 7	Variance?	Yes	No	Think SSKIN reinforced	Yes	No	Signature:				Date:			
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Skin inspection	Completed and recorded	Yes	No																							
For patients with pressure ulcers	Wound assessment / treatment plan completed	Yes	No																							
	Patient and family informed	Yes	No																							
Name	Matt Ress	Week 8	Variance?	Yes	No																					
Signature	<i>Matt Ress</i>		Think SSKIN reinforced	Yes	No																					
Date	27/3/19		Signature:																							
			Date:																							

Variance = Reassess, review care & re-write care plan