

Think.....



Stop the pressure treatment pathway

Community

Grade pressure ulcer; using EPUAP 2009 guidance
All grade 3 and 4 pressure ulcers to be referred to Tissue Viability.

Tissue Viability will refer to podiatry if required for pressure ulcer management. All other foot wounds to be referred to Podiatry. Record an incident on Datix. Raise a Serious Incident if developed within BCHC. Consider Safeguarding alert.

Think SSKIN

Develop a plan of care to include:

- Treatment Equipment ie alternating air mattress or targeted pressure relief for heels (Document when ordered and when required)
- Repositioning
- Continued skin inspection, all other areas will still be at risk
- Incontinence
- Nutrition, consider an increase in calories to support wound healing
- Complete a wound assessment chart
- Complete a wound treatment chart

Encourage completion of the SSKIN chart by patients and carers

Document any non compliance and measures taken to resolve

Evidence all discussions held with the patient and carers.

Review the Walsall Score monthly unless clinical condition changes.

Ensure treatment plan of care still meets care requirements.

Complete a wound assessment weekly unless the wound has been present for over 6 weeks, then complete monthly.

Ensure the prevention plan of care is also reviewed as the patient will remain at risk of developing further pressure ulcers.

Risk assessment

Treatment plan

Review

Inpatient

Grade pressure ulcer; Using EPUAP 2009 guidance
All grade 3 and 4 pressure ulcers to be referred to Tissue Viability including all heel ulcers.

Tissue Viability will refer to podiatry if required for pressure ulcer management. All other foot wounds to be referred to Podiatry. Record an incident on Datix. Raise a Serious Incident if developed within BCHC. Consider Safeguarding alert.

Think SSKIN

Develop a plan of care to include:

- Treatment Equipment ie alternating air mattress or targeted pressure relief for heels (Document when ordered and when required)
- Repositioning
- Continued skin inspection, all other areas will still be at risk
- Incontinence
- Nutrition, consider an increase in calories to support wound healing
- Complete a wound assessment chart
- Complete a wound treatment chart

Complete the rounding tool 2 hourly

Document any non compliance and measures taken to resolve

Evidence all discussions held with the patient and carers

Review the Waterlow Score weekly unless clinical condition changes.

Ensure treatment plan of care still meets care requirements and amend to reflect any changes.

Complete a wound assessment weekly.

Ensure the prevention plan of care is also reviewed as the patient will remain at risk of developing further pressure ulcers.

