



Pressure Ulcer Prevention Plan (PUPP)

Patient ID
sticker label

Date: _____ Time: _____
Registered Nurse Print name: _____
Registered Nurse Signature: _____

Skin Inspection Plan (Document inspections on "Skin Inspection and Assessment Tool")

Frequency of Skin inspection if more than daily inspection is required: 2hr 4hr 6hr 8hr other: _____
AES/Bandages/Devices need to be removed for skin check Yes No N/A

Detail any vulnerable areas to check

Patient/family educated to inspect own skin and report changes Yes No N/A

Information leaflet provided Yes No

Reassessment

Planned frequency of Waterlow reassessment:

a minimum of weekly if not at elevated risk on initial assessment (i.e. Waterlow < 10).
prior to discharge. This information must then be communicated to the community/referring hospital.

React to RED implemented if Waterlow score is 20+ or red areas are identified. Yes No N/A

Repositioning Regime (Must be based upon the results of skin inspection, individual comfort and ability to move. Patients must be repositioned even if they are nursed on pressure relieving equipment.)

Planned frequency of repositioning: This must be prescribed on PICS.

Positioning restrictions:
eg unable to lie on left side

Plan for sitting out:
(Include type of equipment)

Manual handling aids in use Yes No Details:

Any devices/lines to consider when positioning the patient? Please state
eg O2 tubing, urinary catheters, AES, collar, splint, POP

Pressure relieving equipment (If appropriate order and utilise as detailed in the Equipment Selection Flowchart)

Foam mattress Air mattress Changes made
Integral cushion Air cushion Aderma
Gel pads Leg trough Heel protector

Seating (refer to patient seating guide) Confirm suitable width/ depth: Confirm suitable height (feet on floor)
Detail specialist seating Therapy Services involved Yes No

Contenance risk factors

Contenance assessment completed Yes No Wash regime:
Detail continence aids in use: Barrier cream in use:

Nutritional risk factors

MUST assessment completed. Yes No Supplements
Are nutritional requirements being met? Yes No Dietician ref:

If you have answered 'no' to any of the questions above document details overleaf.

Individualised Care:

