

Attach patient label here

Surname:

Forename:

Date of birth:

RLQ:

NHS No.:

Consultant:

Location:

**SSKIN BUNDLE COMMUNICATION TOOL FOR PRESSURE ULCER PREVENTION**

Date:

Patient following assessment is independently mobile? Y/N

Mattress type:

Date:

Time:

Initials:

Reposition patient every ..... hours in bed and every ..... in chair

Time	01	02	03	04	05	06	07	08	09	10	11	12
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**SURFACE**

Mattress inflation/Alarms checked Y/N/NA												
Heel/Elbow protection (pillow, trough, Adermal Pad) Y/N/NA												
Appropriate cushion in situ Y/N												
Anti-embolic stocking removed at least daily Y/N/NA												
Bedrail Assessment Y/N												

**KEEP MOVING**

1. Left side 2. 30° tilt 3. Lying on back 4. Right side 5. Rolled 6. Sitting in bed 7. In chair 8. Stand/walk 9. Refused 10. Patient repositioned self 11. Independently mobile

Position (enter number from key above)												
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**Skin condition: A. Normal B. Red/blanching C. Moisture lesion D. Category of pressure ulcer (1-4) E. Dressing in situ (enter corresponding letter below with location, and category if pressure ulcer present)**

Buttocks												
Sacrum												
Left heel												
Right heel												
Other (such as spine, ears, elbows, bridge of nose, head)												

Time	01	02	03	04	05	06	07	08	09	10	11	12
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**INCONTINENCE/CONTINENCE**

Skin wet												
Skin contaminated-Urine(U) Faeces(F)												
Patient washed and barrier cream applied Y/N/NA												
Bowel management system in situ Y/N/NA (check criteria for insertion and date inserted - less than 7 days old)												

**NUTRITION**

Drink offered Y / N												
Food offered Y / N												
Toilet offered Y / N												

**INTENTIONAL ROUNDING (HOURLY)**

Everything within reach: call bell, drink, snacks, glasses, tissues, urinal, books etc Y/N												
Declutter bed area												
Ask if anything is needed												

Initials of care giver:

Derived from forms developed by Standex Systems Ltd in conjunction with Wye Valley NHS Trust

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