

# SSKIN pressure ulcer care bundle

## Prevention

Use in conjunction with  
Pressure Ulcer care plan

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_ Postcode: \_\_\_\_\_  
 Date of birth: \_\_\_\_\_ NHS Number: \_\_\_\_\_



Midlands and East

Trust/hospital:  
Team/ward:

Care delivered? ✓ or ✗ (if ✗, record reasons why not overleaf)

Date (DD/MM/YY)																				
Time – use 24 hour clock																				
<b>Surface</b>																				
Mattress appropriate (please state)																				
Cushion appropriate (please state)																				
Functionality/integrity check of equipment performed																				
<b>Skin Inspection</b>																				
Skin management																				
<b>Keep Moving</b>																				
Use of repositioning chart																				
<b>Incontinence/Moisture</b>																				
Urine																				
Bowels																				
Sweat																				
<b>Nutrition/Hydration</b>																				
Diet (please state)																				
Fluids (please state)																				
<b>Is referral required?</b>																				
<b>If yes, has it been made?</b>																				
<b>Do care plans need updating?</b>																				
<b>If yes, has this been done?</b>																				
<b>Initials</b>																				

