## SSKIN pressure ulcer care bundle

## **Prevention**

Use in conjunction with Pressure Ulcer care plan

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



Trust/hospital: Team/ward:

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

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

Code	Descriptor
RA	Patient has mental capacity but has refused assessment and /or will not comply with agreed plan of care including repositioning or maintaining position
МС	Patient does not have mental capacity to comply
CI	Critical illness with haemodynamic or spinal instability precludes turning or repositioning and may lead to unavoidable pressure ulcers
CE	Patient is known to a health care professional but an acute or critical event occurs, which affects the patients mobility or ability to reposition.
	This may include the patient being undiscovered following a fall or loss of consciousness or cardiac arrest
SC	Carers not implementing plan (community only)

Date & time	Record element	Initials	