

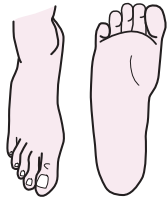


Skin Inspection and Assessment Tool (SIAT)

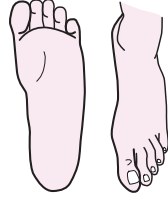
Registered nurse must complete a skin inspection and Waterlow score on admission to each clinical area. The Waterlow must be documented on PICS. If the patient has a pressure ulcer, complete an Incident Form. Indicate by circling and numbering all pressure damage and or other skin damage e.g. skin bruising, moisture lesions and skin tears on diagrams before completing the boxes below.

Patient ID sticker label

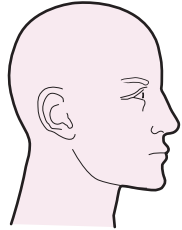
Right Foot



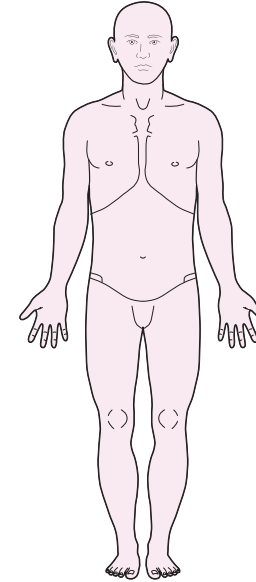
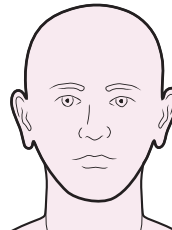
Left Foot



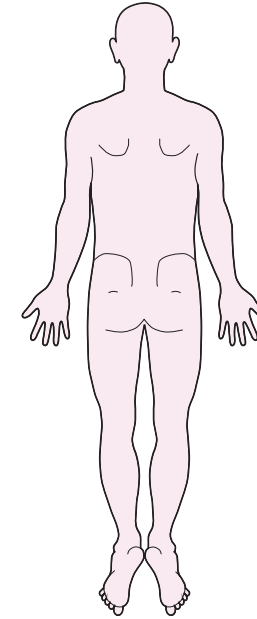
Right View



Front View



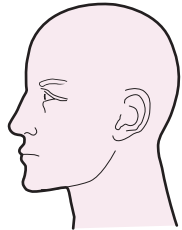
Anterior View



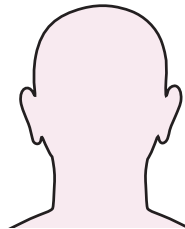
Posterior View



Left View



Back View



A registered nurse must complete the frequency of skin reassessment based on clinical judgement and Waterlow score.

All patients with Waterlow 10+ or with existing pressure ulcers must have as a minimum daily skin inspection and a pressure ulcer prevention plan completed.

Initial Assessment - Complete the table below on admission and record future assessments overleaf. If patient has more than 7 wounds use additional SIAT and amend wound numbering as required.

Date & Time	Equipment in use: Type/Name	Equipment checked Y/N	Wound 1 Type*	Wound 2 Type*	Wound 3 Type*	Wound 4 Type*	Wound 5 Type*	Wound 6 Type*	Wound 7 Type*	Signature	Name	Designation

*Wound type key: P = Pressure ulcer M = Moisture S = Skin tear L = Leg ulcer D = Dressing in situ R = red or blanching O = Other

REPORTED PRESSURE ULCERS				
Date	Wound Number	Grade of PU	Datix number	Signature/name

REPORTED PRESSURE ULCERS				
Date	Wound Number	Grade of PU	Datix number	Signature/name



Pressure Ulcer Assessment

Please complete on admission and re-assess weekly with Waterlow score or if condition changes

	Date:	Date:
	Time:	Time:
Patient has capacity but has refused assessment and/ or will not comply with repositioning and prevention strategies?	Yes <input type="checkbox"/> Details: No <input type="checkbox"/>	Yes <input type="checkbox"/> Details: No <input type="checkbox"/>
Does the patient lack capacity to comply with care? Please refer to "What to do if a patient refuses care or treatment" flowchart.	Yes <input type="checkbox"/> Details: No <input type="checkbox"/>	Yes <input type="checkbox"/> Details: No <input type="checkbox"/>
Has an acute or critical event occurred affecting patients ability to mobilise / reposition(e.g. cardiac arrest/ fall)?	Yes <input type="checkbox"/> Details: No <input type="checkbox"/>	Yes <input type="checkbox"/> Details: No <input type="checkbox"/>
Has the patient reduced consciousness?	Yes <input type="checkbox"/> Details: No <input type="checkbox"/>	Yes <input type="checkbox"/> Details: No <input type="checkbox"/>
Has the patient any devices in situ which increase risk? eg O2 tubing, urinary catheters, AES, collar, splint, POP	Yes <input type="checkbox"/> Details: No <input type="checkbox"/>	Yes <input type="checkbox"/> Details: No <input type="checkbox"/>
Is the patient complaining of pain over any boney prominence or under any devices?	Yes <input type="checkbox"/> Details: No <input type="checkbox"/>	Yes <input type="checkbox"/> Details: No <input type="checkbox"/>
Has the patient reduced ability to reposition self? (Reduced physical ability, sensation, reduced cognition)	Yes <input type="checkbox"/> Details: No <input type="checkbox"/>	Yes <input type="checkbox"/> Details: No <input type="checkbox"/>
Is the patient receiving end of life care and have they signs of skin changes (e.g. mottling)?	Yes <input type="checkbox"/> Details: No <input type="checkbox"/>	Yes <input type="checkbox"/> Details: No <input type="checkbox"/>
IF YES, to any of the above, this indicates an increased risk. Registered staff must consider in conjunction with the Waterlow score.	Signature	
	Name	



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