

Treatment SSKIN care bundle Compliance & Audit Tool

Audit tool 3

Ward/Care home/Patient home: _____

Date: _____

Time: _____



Midlands and East

Compliance		Non-compliance		If there is non-compliance with statement but there is evidence in the treatment bundle variance why this has occurred this should still be recorded as compliance.
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	Patient 1	Patient 2	Patient 3	Patient 4	Patient 5	Total %
Surface						
1. Is the rationale for the choice of support surface documented?						
2. Is the prescribed equipment being utilised?						
3. Is there evidence all the equipment is checked to ensure it is functioning properly at agreed time intervals?						
4. Is there evidence the surfaces have been reviewed for effectiveness?						
5. Is there documented evidence that choice of all the equipment has been discussed with the patient (where they have capacity or if not with the carer)?						
Surface Compliance (Y/N)						
Skin/Wound Management						
1. Is there evidence of a skin inspection being completed at the time of initial assessment?						
2. Is there evidence of recording the size of the wound at prescribed intervals in line with the care plan?						
3. Is the wound dimension being plotted?						

4. Is there evidence the treatment plan is being reviewed as per care plan?						
5. If the patient is in pain, is there evidence of a pain scale being utilized to assess effectiveness of analgesics?						
Skin/Wound Management Compliance (Y/N)						
Keep Moving						
1. Is there a requirement for repositioning identified in care plan?						
2. Is a repositioning plan being implemented?						
3. Has the plan been reviewed within the set timeframe or as the patient's condition has altered/documented?						
4. Is there evidence of patient/carer education regarding the importance of repositioning?						
5. Does the patient/carer understand the information?						
Keep moving Compliance (Y/N)						
Incontinence/Moisture						
1. Is there a clear plan required for the care of skin?						
If yes:						
2. Is there evidence this has been carried out as per the care plan?						
3. Is there evidence the plan is effective or has been reviewed?						
Incontinence/Moisture Compliance (Y/N)						
Nutrition/Hydration						
1. Is there evidence the patient's nutrition status has been assessed using the MUST tool?						

2. Is there evidence that patient's hydration status has been assessed?						
3. If required is there a care plan in place?						
4. If assistance is required is there a care plan to support the patients needs?						
5. Is there evidence it is being implemented?						
6. Is there evidence of patient/carer education regarding the importance of nutrition/hydration?						
7. Has information on the pressure ulcer been sent to the receiving organization or GP?						
Nurtition/Hydration Compliance (Y/N)						
Total %						
Treatment Compliance						