SSKIN pressure ulcer care bundle

Treatment

Use in conjunction with Pressure Ulcer care plan

Name:

Address:

Postcode:

Date of birth: NHS Number:

NHS 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										
Surface										
Mattress appropriate (please state)										
Cushion appropriate (please state)										
Functionality/integrity check of equipment performed										
Skin Inspection										
Skin management										
PU wound management										
Keep Moving										
Use of repositioning chart										
Incontinence/Moisture										
Urine										
Bowels										
Sweat										
Nutrition/Hydration										
Diet (please state)										
Fluids (please state)										
Referral made (in accordance with local guidelines)										
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
MC	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	Reason for not delivering care	Initials