Pressure Ulcer Prevention / Management Care Plan in Community Setting

Identification Label:

Name:………………………………………

DOB:………………………………………..

Hospital/NHS Number:……………………

|  |  |  |
| --- | --- | --- |
| **Child/Young Person’s Problem** (please tick)  CYP at risk of developing pressure damage  CYP has existing pressure damage | **Aim of Care**  To prevent pressure ulcer development  To prevent deterioration of existing pressure ulcer and promote healing | |
| **Reassess risk of pressure ulcer development if there is a change in risk factors or clinical condition.** | | |
| **Plan of Care** | | Signature  Date/Time |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Surface / Equipment**  *Pressure redistributing support surfaces are designed to either increase the body surface area that comes in contact or to reduce the duration of pressure at any given site* | | | * Select specific pressure redistribution equipment to meet individual need with reference to Health Board/Trust guidelines * Ensure any given equipment/device is used correctly and properly maintained. Check for faults at least daily/at each visit and document * Consider pain management when choosing equipment * For CYP with specialised seating /wheelchair, seek advice from provider if redness and or pressure damage occurs in the body area in contact with the equipment * Consider the need to offload/float heels in bed and chair, unless contraindicated, for all patients who are at risk of foot or heel damage (e.g. restricted/reduced movement, diabetic, peripheral vascular disease, neuropathy medical devices and oedema) | | | | | | | | | | | | On admission |
| Review |
| Review |
| Review |
| **Individualised Surface/ Equipment Care Requirements-Please sign and date as soon as required equipment is in place** | | | | | | | | | | | | | | | |
| Initial Assessment | | | | | | | | Re-assessment | | | | | | | |
| Mattress |  | Date |  | Signature | |  | | Mattress | |  | | Date |  | Signature |  |
| Cushion |  | Date |  | Signature | |  | | Cushion | |  | | Date |  | Signature |  |
| Offloading device used |  | Date |  | Signature | |  | | Offloading Device used | |  | | Date |  | Signature |  |
| Specialist bedframe |  | Date |  | Signature | |  | | Specialist Bedframe | |  | | Date |  | Signature |  |
|  | | | | | | | | | | | | | | | |
| |  | | --- | | **Skin Inspection** |   *Frequent assessment of the individual’s skin condition will help to identify the early signs of pressure damage*  *Reports of pain/discomfort at a site of pressure may indicate deteriorating skin status*  *Report Pressure damage on Datix Incident Monitoring system*  *And complete a pressure ulcer passport* | | | * Check skin for signs of pressure damage at repositioning or at hygiene /dressing interventions. Document results. * Complete a wound assessment document if pressure ulcer present * Assess if pain is felt over pressure points at each skin inspection * Respond to deterioration in skin condition - consider increasing frequency of repositioning and or increasing specification of equipment * Consider CYP with medical devices, including casts and compression stockings, to be at risk of pressure ulcers. If safe to do so, inspect skin under the device at least daily/each community visit * If a CYP reports pain or altered sensation under a cast /splint or other device, if safe to do so, remove device to check the skin, or seek specialist advice * Discuss with therapist and refer if necessary to Tissue Viability Team for advice for CYP presenting with deteriorating skin status | | | | | | | | | | | | On admission |
| Review |
| Review |
| Review |
| Podiatrist | | **N/A** | | | **Yes** | | | **Date Referred** | | | |  |
| Vascular Team | | **N/A** | | | **Yes** | | | **Date Referred** | | | |  |
| **Document Individualised Skin Inspection Care Needs:** | | | | | | | | | | | | | | | |
| **Keep Moving /Reposition**  *Repositioning of an individual is undertaken to reduce the duration and magnitude of pressure over vulnerable areas of the body* | | | * Reposition CYP who are unable to independently make major position changes * Empower the CYP and/or family to encourage movement and repositioning * Promote/encourage independent movement where possible * Plan repositioning/offloading to meet individual patient need: **Enter Individual details below** * If required, co-ordinate care delivery with the administration of analgesia to minimise pain on movement and delays in repositioning * Avoid positioning an individual directly on a pressure ulcer and any medical devices * To assist in optimising mobility, activity and/or function if required, refer to: | | | | | | | | | | | | On admission |
| Review |
| Review |
| Review |
| Physiotherapist | | | | **N/A** | | **Yes** | | | **Date Referred** | |  | |
| Occupational Therapist | | | | **N/A** | | **Yes** | | | **Date Referred** | |  | |
| **Document Individual Keep Moving/Reposition Care needs:** | | | | | | | | | | | | | | | |
| **Incontinence/Moisture**  **Management**  *The presence of skin damage from moisture may increase the risk of pressure ulceration* | | | * Use skin emollients to hydrate dry skin in order to reduce risk of skin damage. * Use a barrier product to protect the skin from exposure to excessive moisture   Refer for specialist advice if current regime is not effective. Refer to the all Wales Moisture Lesion Guidance (2014) | | | | | | | | | | | | On admission |
| Review |
| Review |
| Review |
| **Document individualised Incontinence/Skin Care needs** | | | | | | | | | | | | | | | |
| **Nutrition /hydration**  *Malnutrition or under nutrition is a reversible risk factor for pressure ulcer development* | | | * Use repositioning opportunities to encourage fluid and food intake * Coordinate repositioning to optimise nutritional intake at meal times * Refer to Dietician if indicated | | | | | | | | | | | | On admission |
| Review |
| Review |
| Review |
| **Document Individualised Nutrition /hydration Care needs:** | | | | | | | | | | | | | | | |
| **CYP and family Involvement**  *Well informed patients are better able to change behaviour, manage their own health and enhances concordance with treatment regimes* | | | * Encourage the CYP, carers and their families to make informed decisions about their care. * Provide and explain information, in an appropriate format on Pressure Ulcer Prevention. Date information/leaflet given Date :………………….. * Where a CYP or parent/carer with capacity has refused a particular intervention or piece of equipment, determine reason for refusal and aim to address/resolve where possible eg pain relief /offer reasonable alternatives in order to minimise their risk of pressure damage. This should be clearly documented in the CYP’s community nursing record | | | | | | | | | | | | On admission |
| Review: |
| Review: |
| Review: |
| **Document Individualised CYP Involvement Care Needs:** | | | | | | | | | | | | | | | |

Version (3) DRAFT FOR PILOT Developed by: All Wales Tissue Viability Nursing Forum. Issued: October 2020

NAME:

SIGNATURE:

DESIGNATION:

DATE: