PRESSURE AREA RISK ASSESSMENT & CARE PLANNING IN CARE HOMES

RISK ASSESSMENT

STANDARD 4

All residents should have a Waterlow Risk Assessment.
New residents require to be assessed within **8** Hours.

10 + At Risk
15+ High Risk
20+ Very High Risk

If you need help to complete this please contact your Community Nursing Team or for training
nhsh.carehometeam@nhs.scot

SSKIN BUNDLE

A SSKIN bundle should be in place for everyone with a Waterlow of **10** or more.

Frequency of care delivery should be individually assessed to meet the residents needs.

✗ = **NO** ✓ = **YES**

Additional Comments recorded on Page 2.

Concerns must be escalated to Shift Lead & if required Registered Nurse (internal or Community Nursing Team).

CARE PLANNING

STANDARD 6

What should we include :

- Outcome of risk assessment
- Identification & management of risk factors
- frequency of SSKIN bundle
- Equipment
- Cleansing and skin care regime
- Details of self management - leaflet shared
- Cross reference other care plans

REASSESSMENT

STANDARD 5

When :

- Monthly

Or Sooner if

- Observed or reported change in condition (e.g. becomes unwell, has a fall or following a medical procedure)
- Transferred to or from a different care location

What :

- Update Waterlow Risk Assessment
- Review SSKIN Bundle's
- Review & Update Care Plans
- Highlight changes to team at handovers

SAFETY CROSS

Display a safety cross in your setting each month

No new pressure damage - colour date green
Admitted with Pressure Damage - colour date orange
New pressure damage - colour date red
Record CHI on reverse for Orange and Red days
Store completed monthly safety cross with audits.

MORE INFORMATION

Health Improvement Scotland
Prevention and management of pressure ulcers standards
www.healthcareimprovementscotland.org

All Pressure Ulcers required to be recorded via DATIX
Community Nursing Teams can support with this if required