**Pressure damage prevention & management Pathway**

*(Please refer to guidance on the reverse of this algorithm*)

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| Risk assessment Use the Branden/Braden Q risk tool within 6 hoursof admission (inpatient) or on first visit.( see guidance for using the Braden risk tool) |

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| SurfaceAssess current equipment and medical devices present Action plan for appropriate equipment/surface required(see guidance on equipment available and what is a medical device) |

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| Skin AssessmentAssess skin on admission to your service Plan on frequency of assessments and actions to maintain good skin integrity.(see guidance)  |

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| Keep moving /posture and positioningAssess current turning regimes and frequency, function and independence, seated and lying positions.Plan appropriate turning regime, seating and bed positions, mobility plans (see guidance) |

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| Incontinence / moistureAssess continence, sweating and wound exudate consider microclimate in long sitters or the bedbound.Plan -toileting regimes use of continence products good skincare -barrier pathway wound exudate pathway managing a temperate environment.(see guidance) |

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| Nutrition/HydrationAssess with MUST/Strong(children) assessment tool, diet quality and amount Plan – well balanced diet, protein and calorie loading, fluid maintenance and function (see guidance)  |

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| ReportingIncident reporting is required for pressure damage category two and above All moisture lesions should also be reported  |

***All the supporting documentation can be accessed/ downloaded from the tissue viability internet site***

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| No. | Assessment requirements  | Action to be taken | Documents /Guidance /tools  |
| 1 | **Risk assessment –** required for patients entering your servicefrequency is determined via clinical judgement and health of the patient. | Risk assessments need to be documented.If risk identified a plan need to be put in place  | * Braden risk tool
* Decision tree Braden tool
* Risks to consider
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| 2 | Surface -what equipment does the patient already have? is current equipment sufficient for use is equipment working correctly What medical devices does the patient use/have attached | Review equipment -regular time framesStep up/step down in line with assessment Order /request collection of equipment  | * Cushion flow
* Mattress flow
* Equipment guidance for the community
* Equipment referral form.
* List of equipment which need authorisation
* What is a medical device.

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| 3. | Skin assessment A skin assess should be performed on admission to your service.Diagnosis is key -know what you are looking at consider skin diseases, moisture lesions other types of wounds  | Frequency of skin assessment should be determined by clinical judgement.All skin assessment will be documented.Management of damaged skin - wound care.Good skin hygiene Management of dry skin | * How to do a skin assessment
* BESTSHOT
* Barrier pathway
* Assessing darker skin.
* Blanching
* Categorising pressure damage
* Emollients
* Soap
* SCALE
* 5p’s
* Moisture v pressure
* Wound progression chart
* Guide to measuring wound surface area
* Lower limb assessment form
* Wound healing pathway/ risk tool
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| 4 | Keep moving/posture & positioning- patients should be assessed as to how often they move position.Bed mobility and activity linked with motivation Assess problems with position breathing, contractures comfort.Seated position and lying position  | Management 24 posture plan Turning regime documented and monitored.Offloading plan  | * Turning chart
* TVS seating
* 30-degree tilt
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| 5 | Incontinence/Moisture3-day diary incident of urinary infection assessment of bowel medication | Toileting regime Management bowel medication Pa management  Skin management  | * Moisture lesions
* Barrier pathway
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| 6. | Nutrition & Hydration Assessment of nutritional status(MUST), assessment of hydrationAssess functional ability to eat Check teeth, dentures swallow  | Food and fluid charts Fortified diet Increase calorie intake Weigh weekly  Refer to Dentist, SALT.OT  | * MUST
* nutrition guidance(EPUAP)
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| 7. | Reporting | Report all pressure damage category 2 and above Learning from incidents  | * ? on how to do a Ulysses report
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