**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 hours  of admission (inpatient) or on first visit.  ( see guidance for using the Braden risk tool) |

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| Surface  Assess 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 Assessment  Assess 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 positioning  Assess 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 / moisture  Assess 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/Hydration  Assess 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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| Reporting  Incident 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 |
| 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 frames  Step 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. |
| 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 |
| 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 |
| 5 | Incontinence/Moisture  3-day diary incident of urinary infection assessment of bowel medication | Toileting regime  Management bowel medication  Pa management  Skin management | * Moisture lesions * Barrier pathway |
| 6. | Nutrition & Hydration  Assessment of nutritional status(MUST), assessment of hydration  Assess 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) |
| 7. | Reporting | Report all pressure damage category 2 and above  Learning from incidents | * ? on how to do a Ulysses report |