

Initial Service User Contact

Implement Early Identification of Risk Strategies

Discuss risk factors and proposed care plan with patient and/or carers

Risk Assessment and Implementation of individualised care pathway for prevention

Consider Safeguarding Concerns - refer to Safeguarding Team if required

**NO RISK**

**AT RISK**

**HIGH RISK**

**VERY HIGH RISK**

No immediate actions

Reassess daily or when there is a change in the service user condition

Reassessment weekly in 24-hour care setting or where there is a change in service user condition

Has your patient had a previous PU, if yes they are at high risk - preventative strategies should be instigated immediately. If these are already in place and your patient has an exacerbation of an existing chronic condition/acute illness their current preventative programme must be escalated until their condition stabilises and care can be stepped down.

Use ASSKING to formulate individualised patient care planning

Undertake visual skin inspections

Perform Risk Assessment

Identify appropriate plan of care, amber, red or black

Can your patient reposition themselves independently? Is there anything stopping them? E.g. medical devices, medication, pain, feeling unwell?

Reduce friction and shear using appropriate equipment

Off load heels using specialist devices

Provision of suitable support surface mattress, cushion and heel protection for level of patient condition

Commence repositioning recommended 4-6 hourly day time adjustment during sleeping periods using approved moving and handling techniques

Commence repositioning recommended 2-4 hourly day time adjustment during sleeping periods using approved moving and handling techniques

Commence repositioning recommended 1-2 hourly day time adjustment during sleeping periods using approved moving and handling techniques

Refer to National Education & Curriculum Framework for Pressure Ulcer Prevention NHSI (2018c) for full preventative guidance