

# Pressure Ulcer **RED** Day Review Tool

Complete this tool for all newly acquired Pressure Ulcers (PU) all grades. An SAE PU template must be completed for all newly acquired Grade 4 PU. Refer newly acquired grade 3 & 4 PU to the Tissue Viability Service.

<b>Ward/Area:</b>		<b>Patient Name:</b>			<b>CHI:</b>
<b>Datix Reference Number:</b>				<b>PU Grade:</b>	
Review of Documentation		Y	N	NA	Comments
1	Was Waterlow/PPURA (adults) or Glamorgan (children) risk assessment carried out within 6 hours of admission to an in-patient setting OR at first clinician visit in community?				
2	If Waterlow/Glamorgan score was $\geq 10$ was a Care Rounding Tool (incl. SSKIN Bundle elements), in place for PU prevention?				
3	Was the risk assessment accurately completed?				
4	Was the Waterlow/Glamorgan/PPURA reassessed according to patient's condition?				
5	If patient was at risk of PU development was a PU prevention care plan in place?				
6	Was a wound chart completed accurately?				
7	Was the PU graded according to the latest Scottish Adaptation of the EPUAP grading tool?				
Review of Care Delivered					
8	Did patient have capacity to make informed decisions?				
9	Was a PU prevention patient info leaflet provided?				
10	Was the patient/carer/family involved in the care plan development? please specify				
11	Was the patient/carer/family involved in the delivery of the patient's goal(s)? please specify				
12	Was repositioning carried out as per care plan?				
12	Was skin assessed as per care plan?				
14	Was the patient's mattress suitable for their condition? *				
15	If patient up sitting, were the chair and/or cushion suitable for the patient?*				
16	If required, was patient handling equipment used appropriately? (e.g. glide sheets, hoists)				
17	If patient required additional pressure redistribution equipment was this available? (e.g. heel protectors / heel elevators, dermal-type replacement pads/strips)				
18	Was specialist equipment available within locally agreed time frame? If no, please explain				
19	Was that equipment used for/by the patient?				
20	If patient was incontinent has a review of bladder/bowel function/management taken place? Were appropriate skin protectors used as per formulary?				
21	If patient required additional nutritional support, did they receive this? (e.g. assistance with meal, supplements, referral to dietician)				
22	Were there concordance issues identified with patient/carer/family? (e.g. refusing equipment, not agreeing to skin checks or position changes etc.) please specify with whom				
23	If yes, was it documented that advice and support was given regarding concordance with proposed care plan?				
24	If pressure damage is related to a medical device, was there a care plan in place to reduce associated risk?				
Detail overleaf any other relevant information relating to development of the pressure ulcer, e.g. co-morbidities, over activity, non-concordance issues etc. *check TV resource folder/Intranet pages or Community Equipment catalogues for equipment guidelines					
<b>Reviewed by:</b>		<b>Designation:</b>			<b>Date:</b>

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## Action Plan

If there is lack of evidence for any documentation/care delivery, PU is considered to have been avoidable. After review do you consider the Pressure Ulcer reported was: (please tick)

**Avoidable** (some aspect of assessment or care missing)

**Unavoidable** (all care given and other contributory factors affected PU development)

If avoidable, an action plan must be developed to support learning and prevention of future incidents.

**Provide details of any other relevant information relating to the development of the pressure ulcer(s) here e.g. co-morbidities, over activity, non-compliance issues etc:**

Date PU discovered:	Date reported in Datix:	Date Referred to Tissue Viability(if applicable):
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Item No. from 1 <sup>st</sup> pg	Action and how learning will be shared:	Person Responsible:

Specific learning/educational needs identified:

If PU was **unavoidable** please identify any other learning:

**Senior/Lead Nurse (print name):**

**Signature:**

**Date:**

**Complete and attach to Datix report**