#StopThe Pressure

NHS
Berkshire Healthcare
NHS Foundation Trust

Pressure Ulcer Policy 2021 | Appendix 1 - Positioning

Patient Information (or affix ID label)

Patient Name .....

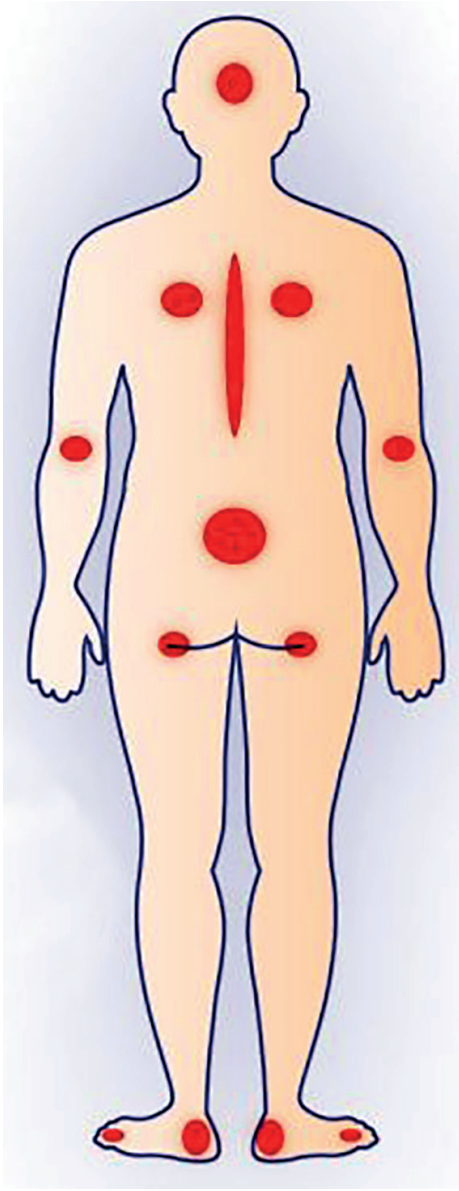
Hospital Number .....

Date ..... Time .....

RN Skin Inspection Checklist

Check areas and document skin at least twice daily

Please circle affected area of patients body. Highlighted areas must be thoroughly checked



Are there any signs of pressure damage?

Redness / erythema
Yes ☐ No ☐

Non-blanching persistent erythema / redness (NBE)
Yes ☐ No ☐
Apply light finger pressure to area of discolouration for 10 seconds

Pain / soreness
Yes ☐ No ☐

Warmer / cooler over bony prominence
Yes ☐ No ☐

Spongy feeling
Yes ☐ No ☐

Hardened
Yes ☐ No ☐

Discolouration*
Yes ☐ No ☐
In those with darkly pigmented skin redness is not always obvious, look for any colour changes in comparison to surrounding areas, other indicators will be warmth/cooler, hardening/oedema and spongy areas.

Broken skin
Yes ☐ No ☐
You must complete a wound assessment for any open wounds

Name, signature and Designation:

Date and Time:

Action taken:

Check all areas and beneath all devices

BEST SHOT

Buttocks	☐
Elbows / Ears	☐
Sacral area	☐
Trochanter (hips)	☐
Spine / shoulders	☐
Heels	☐
Occipital / back of head	☐
Toes	☐

Devices

O2	☐
Catheters	☐
Collars	☐
Splints	☐
Others:	☐
Non present:	☐

Please tick appropriate box

☐ **Green:** No sign of pressure damage - continue to inspect skin at least daily or re-assess if clinical change and document on pressure area care plan

☐ **Non Blanching Redness (NBE):** Early signs of pressure damage, update pressure area care plan move patient off red area and float heels, observe every 2 hours until redness resolves

☐ **NBE with one or more red ticks:** Update pressure area care immediately, communicate findings at huddles, consider changing mattress and referral to TVN. Use aSSKINg care plan to check care and identity changes

This guide is to direct your twice daily skin inspections and allows body map completion at the bedside - it does not replace the care plan and more detailed information should be recorded on the plan including position changes, detailed findings and action taken

Adapted from the Love Great Skin Campaign

REACT TO RED