Appendix 15 - A Decision guide to a Lapse in care		Yes	No	N/A
1	Is this new Pressure on the ward? **OR** Is this a new developed PU in the community?			
2	Did you examine the skin within 4-6 (inpatient) of admission? **OR** On the first Visit (community)			
3	Has a Waterlow and MUST assessment been carried out within 6 hours (inpatient) **OR** On the first visit in the community?			
4	Has the patient been provided with appropriate equipment which is in accordance with the Waterlow score? i.e. off loader, Mattress			
5	Is there evidence that staff act on the MUST score.			
6	Did the initial skin assessment clearly document **the precise areas checked i.e.** elbows, ears, sacrum, heels etc			
7	Have the ongoing skin assessments clearly documented **the precise areas checked i.e.** elbows, ears, sacrum, heels etc			
8	Has the skin assessment also taken into consideration areas around medical devices (e.g. neck braces, catheters, leg braces, plaster casts) or bandage etc.			
9	Has a care plan for the pressure damage been completed within 24 hours (inpatients) / 3rd visit (Community) with clear goals, patient's views/choice, review date, treatment? Has the care plan been reviewed as part of the on-going care?			
10	Is there evidence that a patient identified as being "at risk" received the React to Red leaflet and had it explained to them / their carers (as appropriate)			
11	If a patient has been identified as "high or very high risk" was their skin inspected **every day in inpatient** settings			
12	During reassessment has the care plan been updated to reflect change in the pressure damage and care given? **Must reflect intervals of pressure damage check and referrals to specialist services.**			
11	For inpatients, is there evidence of frequent repositioning?			
12	For Community, is there evidence that the patient / carers have been given advice about repositioning			
13	For inpatients, is there evidence that the equipment has been checked on a daily basis to ensure that it is set at the correct setting			
14	For community, is there evidence that the equipment has been checked by the prescriber within a reasonable time frame to ensure that it is set at the correct setting			

Other parts of the process for Reporting of Pressure Ulcers:

- Completion of Datix
- Duty of Candour should be completed for developed pressure ulcers that meet the threshold for moderate harm. Patient Safety Team provide advice about this process.
- Safeguarding should be completed for moderate and severe harm (LIC).
- Please note that photographic evidence is vital in documenting a journey of a pressure ulcer right from the onset or existing Pressure damage
- Remember a pressure ulcer cannot be re-graded when it's healing or when healed.

Gold standard, prevent, document, plan, evaluate and monitor

This will provide a more defined checklist on the Datix to allow for absolute clarification on whether a PU will be concluded as a Lapse in Care