# Appendix

# **Assessment of Competency: Pressure Ulcers**

#### Introduction

It is important that registered nurses abide by The Code: Standards of conduct, performance and ethics for nurses and midwives (2002 NMC) in respect of their personal accountability.

Following appropriate training and clinical practice, this document will help you to demonstrate a competency to assess pressure Ulcer risk, treatment, and make explicit the knowledge and skills required in order to achieve this.

It is expected that staff new to the trust will undertake pressure damage training & complete these competencies within 6 months of commencing their role.

#### Essentials

You will need:

1. Access to clinical areas and a competent practitioner who is willing to assess your practice skills
2. Access to Trust library
3. A mentor – someone with whom you can discuss issues, talk over ideas and be a general sounding board
4. A team leader should be responsible for ensuring all their staff complete the appropriate competencies

#### Indicative reading

Berkshire Healthcare Pressure Ulcer Prevention & Treatment Policy

Local documentation Policy

NMC Code of Practice - Pressure ulcers

National Institute Clinical Excellence Pressure Ulcer Guideline 2005

EPUAP / NPUAP Guidelines for the “Prevention” & “Treatment” of pressure ulcers 2018

Incontinence Associated Dermatitis Pathway

##### Pressure Damage Learning Outcomes

The nurse will be able to:

1. Discuss professional, legal and ethical responsibilities and account for personal responsibilities to their own area of practice in respect of

NMC standards.

1. Refer to local policy and protocol.
2. Discuss the rationale for the assessment of pressure Ulcers and explain the importance for timely assessment of patients at risk.
3. Identify patients at risk of pressure ulcer development using the trust’s recognised risk assessment tool.
4. Be aware of the role of the multi-professional team in the prevention and management of pressure ulcers.
5. Identify the criteria for referral to other professionals.
6. Describe the categories of pressure damage development using the European Pressure Ulcer Advisory Panel (EPUAP) recognised severity

scoring tool

1. Describe the importance of the following in the assessment of pressure damage prevention and management:
   * Nutrition
   * Repositioning
   * Reassessment
   * Dressings and topical agents
   * Appropriate debridement
   * Patient choice & non-concordance
   * General health status
2. Discuss safe prescribing and dressing selection.
3. Understand how to assess pressure relieving equipment needs, and ordering processes.

12. Justify the selection of interventions used for your patient.

13. Know how to report category 2-4, unstageable and Deep Tissue Injury (DTI) pressure ulcers.

**Competencies**

**Practitioner’s Name …………………………………………………………………….**

|  |  |  |
| --- | --- | --- |
|  | **The practitioner is able to demonstrate:** | **Date / Signature/ Comments** |
| 1 | How & when to assess a patient at risk of pressure ulcers. Including:   * Issues of consent, mental capacity & documentation. * Relevance of medical history * Medication * Allergies * What risk assessments are relevant & why: Waterlow, MUST, Skin, moving and handling & pain |  |
| 2 | How to plan care to meet identified risks for the prevention & treatment of pressure ulcers. |  |
| 3 | An understanding of pressure relieving / reducing equipment. Including:   * 24 hour approach to the support surface * The acquisition & authorisation processes * Flow charts and algorithms to assist product selection * Products available and their risks / benefits |  |
| 4 | An understanding of pressure ulcer damage using adapted EPUAP 2009 classification:   * How to describe the categories of damage & what this means * What constitutes “unstageable” and ‘Deep Tissue Injury (DTI)’ ulcers * How to consider differential diagnoses such as moisture lesions & diabetic foot ulcers |  |
| 5 | What documentation is required and where it should be stored:   * Risk assessments * Consent * Photography * Wound / skin assessment / photographs * Non concordance * Wound boards * Referrals * Mental capacity * Non-concordance (patient choice)   ***\*All interactions, including verbal advice and phone calls should be recorded.*** |  |

|  |  |  |
| --- | --- | --- |
| 6 | Appropriate reporting:   * Safety express * Incident * Safeguarding * Adult protection |  |
| 7 | How to empower patients & non formal carers   * Provide information on risk / benefits of treatment / equipment / lifestyle changes. * Patient leaflet. * Carers care plan   ***\*All interactions, including verbal advice & phone calls should be recorded.*** |  |
| 8 | When to refer to other professionals and specialities such as tissue viability, wheelchair services, or podiatry. |  |
| 9 | Implement appropriate wound care, justify decisions for the chosen products and complete a plan of care for other members of the health care team to follow. |  |
| 10 | Understand the following in relation to pressure damage/incontinence associated dermatitis:   * SKKIN bundles. * Dressings formulary * On going Education & Training around pressure damage * Incontinence Associated Dermatitis * Quality improvement programme * Infection control policy * Discharge Policy * Health & Safety Policy * Continence Policy * Incontinence Associated Dermatitis Pathway * Equipment Loans * Sepsis |  |
| Assessors name & signature:  Date: | | |
| Practitioners name & signature:  Date: | | |