

Your simple

ASSKING Guide¹ ...to prevent & manage pressure ulcers

A **ssess Risk** **...Undertake a pressure ulcer risk assessment**

- Assess individuals risk of pressure ulcer using validated tools like Waterlow, Braden, Purpose T or Glamorgan tool for children⁵
- Document patient assessments
- Choose & implement correct pressure relieving & safeguarding interventions
- Refer to appropriate agencies if required

S **kin Assessment & Skin Care** **...Complete a skin assessment as part of risk assessment screening**

- Complete a top to toe skin assessment
- Early inspection means early detection!
- Identify health conditions that affect skin integrity
- Identify pressure ulcer category
- Create structured skin care regime to include skin cleansing, protection, restoration and appropriate dressing treatment if necessary
- If PU present complete full wound assessment and document treatment/dressing regime

S **urface** **...Undertake relevant lying, seating & handling risk assessments**

- Support surface provision provided according to individuals level of risk and health care professional clinical judgement
- Identify equipment and devices appropriate for the skin-device interface (specialist beds, mattresses, cushions, offloading devices etc)
- Document assessments and recommendations regarding equipment and its application

K **eeP Moving** **... Identify and use relevant formal tools to assess mobility**

- Individuals unable to reposition themselves will need assistance, identify appropriate equipment for safe repositioning and mobilisation e.g hoists, slings, standing hoists, frames, glide sheets, appropriate seating and rehabilitation aids
- Promote self-motivation (self-management of repositioning) and early enablement strategies if possible & document frequency of repositioning

I **ncontinence** **... Identify skin damage associated with increased moisture & protect from risk**

- Identify skin damage associated with increased moisture
- Create structured skin care regimen including cleansing solutions and skin protection, if incontinent, manage with appropriate incontinence aids eg. pads, sheaths, catheters
- Accurately document interventions and referral to interprofessional team and/or senior staff

N **utrition** **... Assess nutritional status using a structured tool**

- Assess nutritional status using a structured assessment tool, including food and fluid intake and ability to feed self
- Advise patient/carers on food fortification and/or provision of adequate fluids, nutritional supplementation and moderation of dietary restrictions
- Escalate within team and MDT if necessary
- Poorly fitting dentures/ dental problems may contribute to poor oral intake so should also be considered as part of the nutritional assessment

G **iving Information** **... Select & implement communication for patient family & MDT**

- Select and implement most appropriate approach to increase awareness and facilitate concordance and engagement with pressure ulcer prevention strategies
- Escalate concerns of safeguarding, capacity and concordance if necessary



Flaminal® offers simpler wound management without compromise.

A strong evidence base supports the use of Flaminal® throughout the healing trajectory in all five aspects of TIMES^{2,3,4}



Lower Alginate Content

Indicated for slightly to moderately-exuding wounds

Pack Size	PIP	NHS
 5 x 15g tubes	324-2971	ELG021
 1 x 50g tube	344-9600	ELG025
 500g tub	-	ELG029



Higher Alginate Content

Indicated for moderately to highly-exuding wounds

Pack Size	PIP	NHS
 5 x 15g tubes	324-2963	ELG022
 1 x 50g tube	344-9592	ELG023
 500g tub	-	ELG028



Check out the **Flaminal® shared care guide for pressure ulcers** which includes information to help identify wound bed red flags and tips to spot potential changes in the skin, and prevent further pressure damage.

Scan the QR code below to download.



References:

1. <https://www.nationalwoundcarestrategy.net/wp-content/uploads/2021/07/Pressure-ulcer-core-curriculum.pdf>
2. White, R. The alginate Flaminal®: an overview of the evidence and use in clinical practice. Wounds UK. Vol 10. No 3. 2014
3. Dowsett C, Newton H (2005) Wound bed preparation: TIME in practice. Wounds UK 1(3): 58-70. Available at: www.wound-uk.com
4. Beele, H. et al. Expert consensus on a new enzyme alginate. Wounds International. 2012, 3(2): 42-50
5. Healthcare Improvement Scotland (2020) Paediatric Risk assessment tool. Available online at: https://www.healthcareimprovementscotland.org/our_work/patient_safety/tissue_viability_resources/paediatric_glamorgan_tool.aspx