PRESSURE DAMAGE MONITORING & REPORTING

Is the damage due to pressure or friction, moisture or both?
Refer to Scottish Adaptation of EPUAP Classification Tool and Scottish Excoriation & Moisture Related Skin Damage Tool. If unsure refer to CHLN or senior staff members.

Inherited
(ORANGE)
Was the resident admitted to care home with damage from elsewhere i.e. hospital?

Acquired
(RED)
Did the damage occur while residing in care home?

Record on paper Safety Cross

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Care Home staff assess and grade pressure damage (using EPUAP).
Complete organisation documentation eg: SSKINS, PUDRA and Wound Chart if appropriate.

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If PU grade 2 or above, refer to CHLN
Complete referral form for CHLN including all relevant information. CHLN will review PU and assess if referral to TVN is required (see TV flow chart)

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Red Day Review Tool
Completion of Red Day Review Tool by Care Home staff is recommended. The tool will inform staff if all measures have been implemented to avoid the risk of pressure damage and can identify if there are any gaps in care provision.

Update documentation
Record confirmed grade of PU (if acquired PU, document if avoidable or unavoidable). Update risk assessment tools and Care plans.

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Reassess Regularly
Reassess PU regularly and document in wound assessment tool. Implement any changes required to pressure area care, skin care or dressing choice.

Has the Pressure Ulcer deteriorated?

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Reassess PU regularly and document in wound assessment tool. Implement any changes required to pressure area care, skin care or dressing choice.

Has the Pressure Ulcer deteriorated?

NO **YES**

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