Pressure Ulcer Daily Risk Assessment (PUDRA)

Surname:	Forename:	Hospital:	**Points to consider:**
Sex:	DoB:	Ward:	• **Use within 6 hrs of admission to care area** • **Re-assess daily and more frequently if a person's condition changes**
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1 Pressure Damage	**Does the person have redness and/or existing pressure damage?** ***IF YES, prescribe a minimum of 2 HOURLY Active Care*** **to avoid further damage occurring and complete the pressure ulcer interventional plan overleaf.**

Date	Location of redness / ulcers	Grade of ulcer	Date	Location of redness / ulcers	Grade of ulcer
/ /			/ /		
/ /			/ /		
/ /			/ /		

2 Mobility	**Does the person require assistance to mobilise?**
3 Continence	**Does the person have continence issues with urine and/or faeces?**
4 Nutrition	**Does the person appear malnourished and/or unable to eat or drink?**
5 Skin	**Is skin compromised by any other source, e.g. neurological deficit; surgery; medication; diabetes; co-morbidities?**
6 Judgement	**In your clinical judgement, is this person at risk of developing pressure damage?** **If *Yes*, please give details:**

Record YES/NO answers in the grid below. **If YES to any of the questions 2-6, the person is at risk of developing pressure damage. Prescribe *a minimum of 4 HOURLY* Active Care interventions and complete the pressure ulcer interventional plan overleaf.**

If NO to all statements, continue Active Care Prescribing as assessed for individual need and re-assess daily.

Date	Time	Pressure Damage	Mobility	Continence	Nutrition	Skin Compromised	Clinical Judgement	Active Care Prescribed	Signature
/ /	:							___hrly	
/ /	:							___hrly	
/ /	:							___hrly	
/ /	:							___hrly	
/ /	:							___hrly	
/ /	:							___hrly	
/ /	:							___hrly	
/ /	:							___hrly	
/ /	:							___hrly	
/ /	:							___hrly	
/ /	:							___hrly	
/ /	:							___hrly	
/ /	:							___hrly	
/ /	:							___hrly	

Complete prevention of pressure ulcer interventional plan overleaf for all patients with redness/pressure damage and for those at risk.

Attach Addressograph

Prevention of Pressure Ulcer Interventional Plan

Aim: **To incorporate effective pressure ulcer prevention strategies to reduce/eliminate potential for pressure ulcer development.**

Outcome: **To prevent pressure ulcer development through establishment of effecting work practices in line with SSKINS bundle.**

	S **SKIN INSPECTION**	**S** **SURFACE**	**K** **KEEP MOVING**	**I** **INCONTINENCE / MOISTURE**	**N** **NUTRITION**	**S** **SELF MANAGEMENT / SHARED CARE**	***Sign / Comments***
Date of initial plan:	*Check:* • Pressure areas ______ hourly. • Skin under medical devices_______ hourly. • Specify medical devices used:	*Specify:* • Mattress: • Cushion: • Detail additional pressure redistributing equipment:	• Reposition_______ hourly in bed and chair. • Overnight patient / carer has agreed to repositioning_____ hourly. • Specify any manual handling equipment used:	• Skin care to be carried out________hourly. • Specify products required for increased moisture / continence management:	• Optimise nutrition and hydration. • Refer to MUST	• Discuss and agree plan with patient / family / carer ☐ YES ☐ NO • “Prevent Pressure Ulcers” leaflet given to patient / family / carer? ☐ YES ☐ NO	Date discontinued: ___________________
Date reviewed:	*Check:* • Pressure areas ______ hourly. • Skin under medical devices_______ hourly. • Specify medical devices used:	*Specify:* • Mattress: • Cushion: • Detail additional pressure redistributing equipment:	• Reposition_______ hourly in bed and chair. • Overnight patient / carer has agreed to repositioning_____ hourly. • Specify any manual handling equipment used:	• Skin care to be carried out________hourly. • Specify products required for increased moisture / continence management:	• Optimise nutrition and hydration. • Refer to MUST	• Discuss and agree plan with patient / family / carer ☐ YES ☐ NO	Date discontinued: ____________________
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