

Pressure Ulcer Triggers



REACT TO RED SKIN

Tick AND initial box where you observe negative change, initial ONLY where no change is observed. Check all areas at least once a day.

Name: _____

Date Commenced: _____

Page No: _____

DATE: _____

S Is the **Surface** (mattress and cushion) fit for purpose? Is the cover intact? If foam: flat and smooth? If air: inflated?

<input type="checkbox"/>							
<input type="checkbox"/>							

S Does the **Skin look red, sore or blistered?** Check and record skin observations, tick for non-blanching red skin only. Initial after every skin check.

<input type="checkbox"/>							
<input type="checkbox"/>							
<input type="checkbox"/>							

K Is the person that you are caring for unable to **Keep moving?** Are they spending more time in the chair or not going to bed?

<input type="checkbox"/>							
<input type="checkbox"/>							

I Has the person that you are caring for become **Incontinent (skin is wet with urine or faeces)** and there is no care plan in place? Has **Incontinence deteriorated?** Tick for negative changes.

<input type="checkbox"/>							
<input type="checkbox"/>							
<input type="checkbox"/>							

N Do they have adequate **Nutrition (are they eating and drinking properly)?** Tick only if no food or drink is taken at meal times. Initial when you observe adequate consumption.

<input type="checkbox"/>							
<input type="checkbox"/>							
<input type="checkbox"/>							

If 4 or more areas are ticked on more than 3 days, or if skin is ticked on 2 consecutive days contact your **line manager**.