



UR NUMBER

SURNAME

GIVEN NAME(S)

DATE OF BIRTH

AFFIX PATIENT LABEL HERE ↑

Pressure injury prevention plan

Form required for patients identified At Risk to Very High Risk on the Glamorgan Risk Assessment
Tick box for management strategies relevant to individual patient

Risk Assessment Score _____ Date _____

Referrals

- Occupational Therapy (*advice on appropriate pressure relieving devices*)
- Physiotherapy (*assistance/advice on transferring and repositioning*)
- Orthotics (*correct fitting of braces/splints/collars*)
- Stomal Therapy (*if pressure injury stage 2 or greater present*)

Prevent friction and shearing forces

- Lower bed head prior to repositioning
- Application of a barrier dressing
Dressing Used _____ Anatomical location _____
- Use slide sheets to move patient
- Observe patient closely for signs of friction particularly if the child is agitated

Reducing Moisture

- Application of barrier cream
Cream Used _____ Anatomical location _____
- Use of absorbent sheets (such as Kylie's)
- Commence bowel training program for spinal cord injury
- Investigate cause of incontinence

Relieving pressure

- Suspend heels off the bed using pillows or gel pads

Skin Inspection

Level of Risk (Glamorgan)	Frequency of Skin Inspection	Strategy Implemented (tick)
10+ At Risk	Inspect skin at least twice a day	
15+ High Risk	Inspect skin with each repositioning	
20+ Very High Risk	Inspect skin hourly	

Inspect;

- Sacrum Heels Elbows Shoulders
- Toes Around tubes Back of Head especially in infants less than 36 months of age
- Circulatory observations for children with plaster casts, orthosis and bandages note signs of irritation

Nutrition

Level of Risk (Glamorgan)	Nutritional Interventions	Strategy Implemented (tick)
10+ At Risk	Offer frequent fluids and diet to maintain adequate nutrition and hydration	
15+ High Risk	Refer to a dietician for a nutritional assessment and appropriate dietary recommendation	
20+ Very High Risk	Refer to a dietician for a nutritional assessment and appropriate dietary recommendation	

Positioning and Repositioning

Level of Risk (Glamorgan)	Positioning and Repositioning	Strategy Implemented (tick)
10+ At Risk	Assist patient to move & reposition equipment and devices 2 hourly	
15+ High Risk	Reposition child/ equipment/ devices at least 2 hourly Bed head elevation not to exceed 30 degrees	
20+ Very High Risk	Reposition child/ equipment/ devices at least every 2 hours Raise bed head for short periods only <30 degrees elevation	

Reposition;

- tubing
 catheters
 face masks
 probes
 electrode
 Check the positioning of heels and other bony prominences
 If required to sit with bed head elevated, use aids such as pillows that support the upper body

Level of Risk (Glamorgan)	Equipment Option	Pressure Relieving devices	Strategy Implemented (tick)
10+ At Risk	Constant Low Pressure Support Foam	MacMed Mattress – Cot & Bed Sizes	
		Gel Pads – available in a variety of sizes	
15+ High Risk	Alternating Pressure	AlphaXcell (overlay) Bed size – up to 140kg	
		KCI Therakair (mattress replacement) Bed Size – up to 135kg	
		KCI First Step Plus (overlay) Cot Size – up to 25kg	
	Low Air Loss	Breeze (mattress replacement) Bed Size – up to 140kg	
		NODEC-AirStream A (ASA) (overlay) Bed Size – up to 178kg <i>Soft settings for patients <50 k</i>	
20+ Very High Risk	Low Air Loss	Coziny (overlay) Isolet size -Coziny 200; 2.5 – 4.5kg Cot size - Coziny 300; 4.5 – 25kg	
		Caritel Neo (mattress replacement) For neonates – 500g plus	
		Caritel Juve (Mattress replacement) Cot Size	
		Caritel Optimal (Mattress replacement) Bed Size – Up to 300kg	
		Therapulse II (Full Bed System) Bed Size – up to 135kg	
	Breeze with pulsation (mattress replacement) Bed Size – up to 140kg		
	Alternating Pressure & Low Air Loss System	Nimbus Range (mattress replacement) Cot size - up to 25kg Bed size	

Other preventative measures _____

Individual variations _____

Family/carer specific requests _____

Registered Nurse Name _____ Signature _____

Prevention plan discussed with parent/carer. Pressure injury factsheet received

Parent Name _____ Signature _____

Date _____