



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