

# Reference Guide

## Glamorgan Pressure Injury Risk Assessment

- Document the appropriate score in the Patient Care Record or relevant MR
- Patient risk score should be assessed 1.Daily, 2.When the patient condition changes, 3. When transferred to a new department/unit and 4. Prior to discharge
- Interventions and actions should be documented on Pressure Injury Prevention Plan or in Progress Notes

Pressure Injury Risk Assessment		Score	
<b>Mobility</b>			
	Child cannot be moved without great difficulty or deterioration in condition/general anaesthetic	20	Select one score per section
	Unable to change his/her position without assistance /cannot control body movement	15	
	Some mobility, but reduced for age	10	
	Normal mobility for age	0	
<b>Equipment</b>			
	Equipment/ objects / hard surface pressing or rubbing on skin	15	

Risk Score	Category	Action	Pressure Relieving Devices
<b>10+</b>	<b>At Risk</b>	Inspect skin at least twice a day. Maintain adequate nutrition and hydration. Relieve pressure by helping the child move every 2 hours.	Constant low pressure foam mattress Gel pads for high risk areas Alternating pressure overlay <i>(Refer table 4.2 Pressure Injury Clinical Guideline)</i>

<b>15+</b>	<b>High Risk</b>	Inspect the skin with each repositioning. Consider dietician referral. Reposition child/ equipment/ devices at least every 2 hours.	Low Air Loss mattress or overlay Alternating Pressure mattress or overlay <i>(Refer table 4.2 Pressure Injury Clinical Guideline)</i>
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<b>20+</b>	<b>Very High Risk</b>	Inspect the skin hourly. Consider dietician referral. Reposition child/ equipment/ devices at least every 2 hours.	Low Air Loss mattress Alternating Pressure mattress <i>(Refer table 4.2 Pressure Injury Clinical Guideline)</i>
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