

Queensland
Government

Adult Pressure Injury Risk Assessment

(Affix identification label here)

URN: 13 579

Family name: WEBB

Given name(s): SAM

Address: 200 Smiles St, Pleasantville

Date of birth: 01 JAN 1960

Sex: ☐ M ☐ F ☐ I

Pressure Injury Prevention/Management Plan

• Upon completion of Waterlow risk score tick implemented interventions.
• Care outlined in this plan **must** be altered if it is not clinically appropriate for the individual patient.
• Every person documenting on this form must supply a sample of their initials in the signature log (page 4).

Risk category	Plan	Date																		
		Time																		
		Completed by (initials)																		
		Waterlow score																		
All patients	Use water-based skin emollients to maintain skin hydration																			
	Use a pH appropriate skin cleanser and dry skin thoroughly																			
	Use transfer aids and employ appropriate manual handling techniques																			
	Provide pressure injury information and develop plan of care in partnership with patient/carer																			
At risk High risk Very high risk (Waterlow score 10+)	Ensure appropriate positioning and use of appropriate support surfaces: a. mattress (type:)																			
	b. seating cushion																			
	c. bed cradle																			
	d. heel wedge/boot																			
	e. other:																			
	Increase turning/repositioning schedule to:																			
	Increase mobility according to patient condition																			
	Conduct daily skin assessment																			
	Conduct continence assessment																			
	Refer patient to Dietitian (if MST >2)																			
	Refer patient to Allied Health (if available):																			
	Other referral:																			
	Provide nutritional support																			
Pressure Injury	Re-categorise Suspected Deep Tissue Injury and Unstageable as soon as possible																			
	Document stage, location and description in clinical notes																			
	Complete incident report																			
	Initiate and document wound management strategies																			
	Review pressure redistribution support surfaces																			

Recommended mattresses according to Waterlow score:
• **At Risk (10+)** Consider high specification reactive (constant low pressure) support foam mattress
• **High Risk (15+)/Very High Risk (20+)** Consider active powered (alternating pressure) support mattress, or speciality bed/mattress system
• Consider Bariatric mattress/bed for patients with BMI >40

Signature Log

Every person documenting in this assessment must supply a sample of their initials in the signature log below

Initials	Print name	Designation	Signature	Initials	Print name	Designation	Signature
LR	Luke Ryan	RN					


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DO NOT WRITE IN THIS BINDING MARGIN

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Mat. No.: 10282944



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Conduct Skin Inspection (page 1)

→

Calculate Risk Score (pages 2 and 3)

→

Develop Prevention +/- Management Plan (refer page 4)

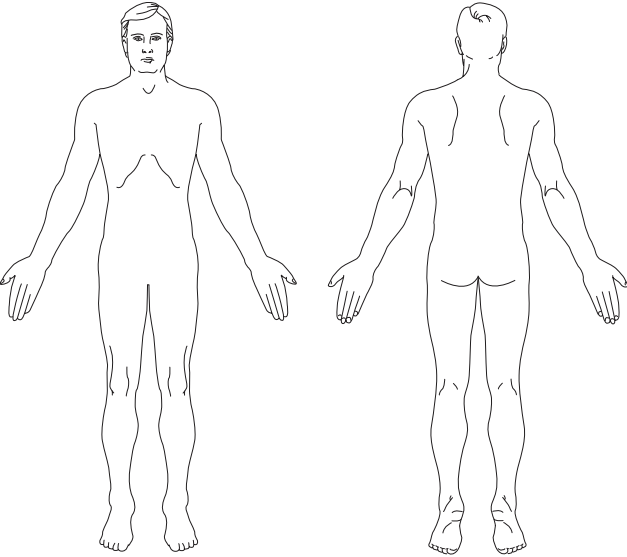
→

Complete Signature Log (page 4)

Skin Inspection


• Conduct a comprehensive skin inspection as soon as possible following admission within a minimum of **eight (8) hours**.
• Reassess at a minimum of **daily** if 'at-risk'; **weekly** if 'not at-risk'; **on transfer**; **if the patient's condition changes** and **on discharge**.
• A comprehensive skin inspection should include a head-to-toe (anterior and posterior) assessment for signs of erythema, blanching response, localised heat, oedema, induration and skin breakdown (including observation for any skin damage related to medical devices, plaster casts).
• Every person documenting on this form must supply a sample of their initials in the signature log (page 4).

Initial Comprehensive Skin Inspection on Admission

Admitted	Ward/Unit	Date	Time	Initials
Skin inspection completed	Ward/Unit	Date	Time	Initials
Pressure Injury present?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Record skin related issues on diagram below 		
Wound present?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Skin Tear(s) present?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Incontinence Associated Dermatitis present?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Other skin concerns?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
If yes to any of the above, ensure management strategies are initiated.				

Ongoing Comprehensive Skin Inspection

Ward/Unit									
Date									
Time									
Completed by (initials)									
Pressure Injury present?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Wound present?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Skin Tear(s) present?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Incontinence Associated Dermatitis present?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other skin concerns?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes to any of the above, ensure management strategies are initiated.									



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Modified Waterlow Risk Score

• Calculate Risk Score as soon as possible following admission within a minimum of **eight (8) hours**.

• Reassess at a **minimum of weekly (hospital, subacute and rehabilitation) or monthly (residential care); and if the patient's condition changes**.

• Risk scoring should never replace clinical judgement.

• Every person documenting on this form must supply a sample of their initials in the signature log (page 4).

Screening: Does the patient have a history of pressure injury? ☐ Yes, site(s): ☒ No


	Date	xx/xx																		
	Time	0800																		
	Assessed by (initials)	ll																		
Build/weight for height	Weight	xx																		
	Height: <div>xx/xx</div>																			
	Body Mass Index BMI = Weight(kg) / Height(m ²)	xx																		
	Average (BMI 20–24.9)	0																		
	Above average (BMI 25–29.9)	1	✓																	
	Obese (BMI >30)	2																		
Gender	Male	1	✓																	
	Female	2																		
	Age	14 to 49	1																	
		50 to 64	2	✓																
		65 to 74	3																	
75 to 80		4																		
Mobility	81 or older	5																		
	Fully mobile	0	✓																	
	Restless/fidgety	1																		
	Apathetic	2																		
	Restricted	3																		
Medication	Bed bound/traction	4																		
	Chair bound	5																		
	None of the below	0	✓																	
Nutrition	Cytotoxic, Steroids (long term/high dose), Anti-inflammatory (any or all)	4																		
	MST score	0–5	0																	
Sub-total 1			4																	

Malnutrition Screening Tool (MST) Calculate nutritional score from MST below and record in Nutrition section above

Question A: Has the patient lost weight recently without trying?		Question B: How much weight has the patient lost?		Question C: Has the patient been eating poorly because of decreased appetite?	
Yes	Score 0 (Go to question B)	1 kg–5 kg	Score 1 (Go to question C)	Yes	Score 1
No	Score 0 (Go to question C)	6 kg–10 kg	Score 2 (Go to question C)	No	Score 0
Unsure	Score 2 (Go to question C)	11 kg–15 kg	Score 3 (Go to question C)		
		>15 kg	Score 4 (Go to question C)		
		Unsure	Score 2 (Go to question C)		

If the patient's score is 2 or more please refer them to a Dietitian.

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Modified Waterlow Risk Score

	Date	xx/xx																		
	Time	0800																		
	Assessed by (initials)	ll																		
Continence	Complete/catheterised	0	✓																	
	Incontinence of urine	1																		
	Incontinence of faeces	2																		
	Doubly incontinent	3																		
Tissue malnutrition	Terminal cachexia	8																		
	Multiple organ failure	8																		
	Single organ failure	5																		
	Peripheral vascular disease	5																		
	Anaemia (HB <80g/L)	2																		
	Smoking	1																		
Skin type/ visual inspection	Healthy	0	✓																	
	Tissue paper	1																		
	Dry	1																		
	Oedematous	1																		
	Clammy pyrexia	1																		
	Pressure injury	Stage 1	2																	
		Stage 2	3																	
		Stage 3																		
		Stage 4																		
		Unstageable																		
Neurological deficit	Suspected deep tissue injury																			
	Mucosal pressure injury																			
	Diabetes	4–6																		
Multiple sclerosis																				
Motor/sensory paraplegia																				
Cerebro vascular accident																				
Major surgery	Orthopaedic/spinal	5																		
	On table >2 hrs (in the past 48 hrs)	5																		
	On table >6 hrs (in the past 48 hrs)	8																		
Sub-total 2			0																	
Total score (sub-total 1 + sub-total 2)			4																	
10+ At risk, 15+ High risk, 20+ Very high risk																				

Proceed to development of Prevention +/- Management Plan (refer page 4).

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