

Queensland Government
Adult Pressure Injury Risk Assessment

(Affix identification label here)
 URN: 45678
 Family name: RICHARDS
 Given name(s): Jo
 Address:
 Date of birth: 01 JAN 1970 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 | xx/xx | 0800 | LR | 4 |
| | 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

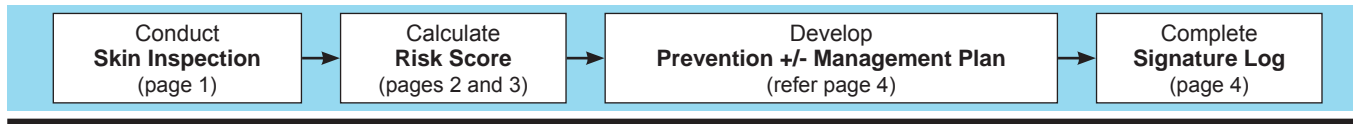
Every person documenting in this assessment must supply a sample of their initials in the signature log below

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

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Facility:



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 |
|---------------------------|-----------|----------|------|----------|
| | Surgical | xx/xx/xx | | LR |
| Skin inspection completed | Ward/Unit | Date | Time | Initials |
| | | | | |

Pressure Injury present? Yes No

Wound present? Yes No

Skin Tear(s) present? Yes No

Incontinence Associated Dermatitis present? Yes No

Other skin concerns? Yes No

If yes to any of the above, ensure management strategies are initiated.

Record skin related issues on diagram below

Ongoing Comprehensive Skin Inspection


| Ward/Unit | Date | Time | Completed by (initials) | Pressure Injury present? | Wound present? | Skin Tear(s) present? | Incontinence Associated Dermatitis present? | 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 | <input type="checkbox"/> Yes <input type="checkbox"/> No |
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| | | | | <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 | <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 |
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| | | | | <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) | LR | | | | | | | | |

| | | | | | | | | | |
|-------------------------|-----------------------------|--|----|--|--|--|--|--|--|
| Build/weight for height | Weight | XX | | | | | | | |
| | Height: XXX | BMI = Weight(kg) / Height(m ²) | XX | | | | | | |
| | Average (BMI 20–24.9) | 0 | | | | | | | |
| | Above average (BMI 25–29.9) | 1 | ✓ | | | | | | |
| | Obese (BMI >30) | 2 | | | | | | | |
| | Below average (BMI <20) | 3 | | | | | | | |

| | | | | | | | | | |
|--------|--------|---|---|--|--|--|--|--|--|
| Gender | Male | 1 | ✓ | | | | | | |
| | Female | 2 | | | | | | | |

| | | | | | | | | | |
|-----|-------------|---|---|--|--|--|--|--|--|
| Age | 14 to 49 | 1 | | | | | | | |
| | 50 to 64 | 2 | ✓ | | | | | | |
| | 65 to 74 | 3 | | | | | | | |
| | 75 to 80 | 4 | | | | | | | |
| | 81 or older | 5 | | | | | | | |

| | | | | | | | | | |
|----------|--------------------|---|---|--|--|--|--|--|--|
| Mobility | Fully mobile | 0 | ✓ | | | | | | |
| | Restless/fidgety | 1 | | | | | | | |
| | Apathetic | 2 | | | | | | | |
| | Restricted | 3 | | | | | | | |
| | Bed bound/traction | 4 | | | | | | | |
| | Chair bound | 5 | | | | | | | |


| | | | | | | | | | |
|------------|---|---|---|--|--|--|--|--|--|
| Medication | None of the below | 0 | ✓ | | | | | | |
| | Cytotoxic, Steroids (long term/high dose), Anti-inflammatory (any or all) | 4 | | | | | | | |

| | | | | | | | | | |
|--------------------|---------------|---|--|--|--|--|--|--|--|
| Nutrition | 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) | LR | | | | | | | | |

| | | | | | | | | | |
|------------|------------------------|---|---|--|--|--|--|--|--|
| Continence | Complete/catheterised | 0 | ✓ | | | | | | |
| | Incontinence of urine | 1 | | | | | | | |
| | Incontinence of faeces | 2 | | | | | | | |
| | Doubly incontinent | 3 | | | | | | | |

| | | | | | | | | | |
|--|-----------------------------|---|--|--|--|--|--|--|--|
| Tissue malnutrition <i>More than one option can be selected</i> | 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 <i>More than one option can be selected</i> | 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 | | | | | | | | |
| Suspected deep tissue injury | | | | | | | | | | |
| Mucosal pressure injury | | | | | | | | | | |

| | | | | | | | | | |
|----------------------|---------------------------|-----|--|--|--|--|--|--|--|
| Neurological deficit | 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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