

Queensland Government
Adult Pressure Injury Risk Assessment

(Affix identification label here)

URN:
 Family name: *Thorne*
 Given name(s): *Alex*
 Address:
 Date of birth: *01 JAN 1920* 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

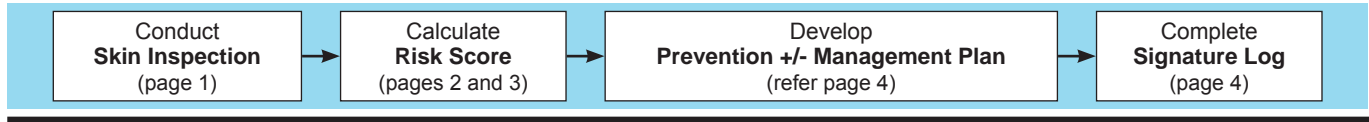
Initials	Print name	Designation	Signature	Initials	Print name	Designation	Signature

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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
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

Record skin related issues on diagram below

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?	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
				<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

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

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 Mat. No.: 10282944



SW380

ADULT PRESSURE INJURY RISK ASSESSMENT

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 Contact: PSQIS.Comm@health.qld.gov.au

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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				
		Time				
Assessed by (initials)						
Build/weight for height	Weight					
	Body Mass Index BMI = Weight(kg) / Height(m ²)					
	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				
Sub-total 1						

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					
		Time					
Assessed by (initials)							
Continence	Complete/catheterised	0					
	Incontinence of urine	1					
	Incontinence of faeces	2					
	Doubly incontinent	3					
Tissue malnutrition <small>More than one option can be selected</small>	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 <small>More than one option can be selected</small>	Healthy	0					
	Tissue paper	1					
	Dry	1					
	Oedematous	1					
	Clammy pyrexia	1					
	Pressure injury	Stage 1	2				
		Stage 2	3				
		Stage 3	3				
		Stage 4	3				
		Unstageable	3				
	Suspected deep tissue injury						
	Mucosal pressure injury						
Neurological deficit	Diabetes	4–6					
	Multiple sclerosis	4–6					
	Motor/sensory paraplegia	4–6					
	Cerebro vascular accident	4–6					
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							

Total score (sub-total 1 + sub-total 2) 10+ At risk, 15+ High risk, 20+ Very high risk						
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Proceed to development of Prevention +/- Management Plan (refer page 4).

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