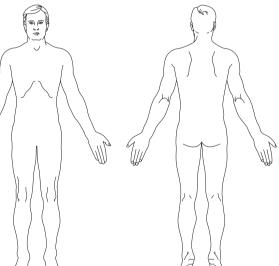
TRAINING ONLY

Queensland Government					(Affix identification label here) URN: 13579 Family name: WEBB									
	Adult Pressu Risk Asses	Family name: VVVVV Given name(s): South Address: 200 Smiles St, Pleasant sille Date of birth: 01 JAN 1960 Sex: M [F]												
									<i>J</i>					
 Upon cor Care out 	re Injury Prevent mpletion of Waterlow ris lined in this plan must I rson documenting on th	sk score tick imp be altered if it is	lemented inte not clinically a	erventior appropri	ate for the				age 4).					
					Date	KX KA								
Risk category	Pla	Plan												
		Waterle	(initials) ow score	1.1										
All	Use water-based s	kin emollients t	to maintain s	skin hvo	Iration									
patients	Use a pH appropria					Ť./	r						-+	
	Use transfer aids a techniques					$\overline{\checkmark}$								
	Provide pressure ir in partnership with	patient/carer				\checkmark								
At risk High risk	Ensure appropriate positioning and use of appropriate support surfaces: a. mattress (type: a. mattress (type:)													
Very	b. seating cushi				1									
nigh risk	c. bed cradle													
Waterlow score 10+)														
	e. other:		1											
	Increase turning/re													
	Increase mobility a													
	Conduct daily skin													
	Conduct continence													
	Refer patient to Die	etitian (if MST >												
	Refer patient to Alli	ed Health (if av												
	Other referral:													
	Provide nutritional													
Pressure Injury	Unstageable as so	on as possible												
	Document stage, lo	otes												
	Complete incident													
	Initiate and docume	3			_					$ \rightarrow $				
	Review pressure re			es		<u> </u>								
At Risk (High Ris	ended mattresses acco (10+) Consider high spe k (15+)/Very High Risl Bariatric mattress/bed	ecification reactive (20+) Consider	ve (constant lo r active power						ress, c	or speci	ality be	ed/matti	ress sy	vstem
	ire Log						_							
	son documenting in	this assessme	ent must sup	ply a s	ample of	their in	nitials	in the	signa	ature lo	og belo	ow		
Initials	Print name	Designation	Signatu		Initials	Print name				esigna		е		
1	uke Ryan	RN	Úl-	-							Signature			

nd Health) 2017 /3.0/au/deed.en ealth.qld.gov.au	Queensland Government		(Affix identification label here) URN: [3579] Family name: WEBB Given name(s): SQM Address: 200 Smiles SF, Pleas antville Date of birth: 01 JAN [960 Sex: M F 1									
© State of Queensland (Queensland Health) 2017 Licensed under. http://creativecommons.org/licenses/by-nc-nd/3.0/au/deed.en Comtact: PSQIS.Comm@health.qd.gov.au	Adult Pressu Risk Asses Facility: CQUN; Hospi	sment										
© State http://creativecom	Conduct Skin Inspection (page 1)	Calculate Risk Score (pages 2 and 3)	Develop Prevention +/- Managen (refer page 4)		Complete Signature Log (page 4)							
Licensed under	 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 S	kin Inspection on A	Admission									
	Admitted	Ward/Unit Medica		Time 0800	Initials							
	Skin inspection completed	Ward/Unit	Date	Time	Initials							
GIN	Pressure Injury present?	☐ Yes √No	Record skin related is:	sues on diagram below	Ŵ							
g mar	Wound present?	Yes	() () () () () () () () () () () () () (
NIDN	Skin Tear(s) present?	Yes No	res No									
HIS BII	Incontinence Associated Dermatitis present?	Yes No			W							
DO NOT WRITE IN THIS BINDING MARGIN	Other skin concerns?	☐Yes ☑No			AUULI PRESSURE							
	If yes to any of the above, ensume			自自								
	management strategies are initiated. Image Comprehensive Skin Inspection											
	Ward/Unit											
	Date											
117 32944	Time											
09/20 : 102£	Completed by (initials)											
v3.00 - 09/2017 Mat. No.: 10282944	Pressure Injury present?		Yes Yes Yes No No No	☐ Yes ☐ Yes ☐ No ☐ No	Yes Yes No No							
¥≥	Wound present?	☐ Yes ☐ Yes ☐	Yes Yes Yes No No No		☐ Yes ☐ Yes ☐ ☐ No ☐ No ☐							
	Skin Tear(s) present?		Yes Yes Yes Yes No No	□ Yes □ Yes □ No □ No	□ Yes □ Yes □ No □ No							
SW380	Incontinence Associated Dermatitis present?		Yes Yes Yes Yes No No	□ Yes □ Yes □ No □ No	□ Yes □ Yes □ No □ No							
s vs	Other skin concerns?		Yes Yes Yes Yes No No	□ Yes □ Yes □ No □ No	□ Yes □ Yes □ No □ No							
	If yes to any of the above, ensu	ire management strategi	es are initiated.									



Page 1 of 4

TRAINING ONLY

Government			(Affix identification label here) URN: 13579 Family name: WEBB Given name(s): SOMM Address: 200 Smiles St, PleaSuAville Date of birth: D1 JAN 1960 Sex: ☑M □F □1									Queensland Government				
	Adult Pressure Injury Risk Assessment									F 🗌 I	Adult Pressure Injury Risk Assessment				Fan Give Add Dat	
Modified Water	rlow Risk Score												Modified Wate	rlow Risk Score		
 Calculate Risk Scor Reassess at a mini condition changes Risk scoring should 	re as soon as possible following ad i mum of weekly (hospital, subac	ute and rel	habilit	ation) o	or month	nly (re	esidential care	e); and if	the patie	nt's						
Screening: Does t	he patient have a history of p	pressure in	njury	? 🗌 Y	es, site	(s):				√ No				Assessed	d by (ir	
			Date	AN	+								Continence	Complete/cathet	erised	
			Time	0980							-			Incontinence of	urine	
	Asse	ssed by (in	nitials)	R							-			Incontinence of f Doubly incor		
Build/weight for height		Weight		14									Tissue malnutrition	Terminal cao	chexia	
Height:	Body M BMI = Weight(kg) /	lass Index		XX							D	NIN	More than one	Multiple organ		
	Average (BM										DO NOT WRITE IN THIS BINDING	BINDING MARGIN	option can be selected	Single organ		
	Above average (BN			1./							T V	۲ ک		Peripheral vascular di		
		e (BMI >30)		Ť							RITE	NICI		Anaemia (HB <		
	Below average										Ē	BIN			noking	
Gender		Male	1								TH:	THIS	Skin type/ visual inspection		ealthy	
		Female	2									Z	More than one	Tissue	-	
Age		14 to 49	1									WRITE	option can be selected		Dry	
		50 to 64										F		Oedem	-	
		65 to 74					_				MARGIN	<u> </u>		Clammy p		
		75 to 80		-							- GIZ	DO			tage 1	
Mobility		31 or older	-	\vdash							-				tage 2	
Wobinty		ully mobile ess/fidgety					_				-				tage 3	
		Apathetic									-			SC	tage 4	
		Restricted									-			Unstag		
		nd/traction									-			Suspected deep tissue Mucosal pressure		
	Cł	nair bound	5								-		Neurological		betes	
Medication	None of	the below	0										deficit	Multiple scl		
	Cytotoxic, Steroids (long term/ Anti-inflammatory	high dose),	4								-			Motor/sensory para		
Nutrition		(any or all) MST score		0										Cerebro vascular ac		
				1.1							1		Major surgery	Orthopaedic/		
		Sub-te	otal 1	14							l			On table >2 hrs (in the past	·	
							and record in							On table >6 hrs (in the past -	· · ·	
Question A: Has the p recently without trying?	? patient lo						Question C: Ha	reased a	opetite?	eating poorly	-				Sub-to	
No Scor	Image: Non-Stress Image: Non-Stress	kg So 5 kg So	core 2 core 3	(Go to q (Go to q	uestion uestion uestion	C) C)	Yes	Score Score			-			sub-total 1 + sub-total 2)		
If the patient's scor	>15 kg Unsure re is 2 or more please refer the	Sc	core 2	(Go to q	uestion (]		10+ At risk, 15+	High risk, 20+ Very high risk Proceed to development of F	revent	

	(Affix identification label here)											
	URN: 13579											
Fai	amily name: WEBB											
Giv	dress: 200 Smiles St, Pleasant-ville											
Ade	dress:	<i>70</i> 0	Sm	iles	9+ [']	Sex: M DF DI						
Da	te of bi	rth: 0 <u>1</u>	JAN	7 lo	160		Sex:	и Г]F] [
	Date	80 44 74										
d by (ii	nitials)	V										
terised	0	\checkmark										
of urine	1											
faeces	2											
ntinent	3											
chexia	8											
failure	8											
failure	5											
isease	5											
<80g/L)	2											
noking												
lealthy		\checkmark										
paper												
Dry	<u> </u>											
natous	1											
oyrexia												
tage 1	2											
tage 2												
tage 3												
tage 4	3											
geable												
e injury e injury												
abetes												
lerosis												
plegia	4–6											
. cident												
/spinal	5											
48 hrs)	5											
48 hrs)	8											
Sub-t	otal 2	$\hat{\mathbf{G}}$										
		4										
		I						T				

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