

Pressure Ulcer Core Care Plan - For inpatients with a new or existing Pressure Ulcer

(For use on non-digital wards still using [SSKIN PU Risk Assessment](#))

Patient Name: OR AFFIX LABEL Ward/Hospital:		Registered Nurse Name: Signature: Date and Time:
Patients Nursing Problem	Expected Outcome	Interventions
<p>..... presents with a Grade..... Pressure ulcer/s to</p> <p>Grade according to Scottish Adaptation of the European Pressure Ulcer Advisory Panel (EPUAP) Pressure Ulcer Classification Tool</p> <p>For any associated incontinence related dermatitis refer to guidance (pathway 1) please do not apply hydrogel</p>	<p>To prevent further damage.</p> <p>Pressure ulcer/s will heal effectively.</p> <p>Reduction in pain and discomfort.</p>	<ol style="list-style-type: none"> 1. Implement SSKIN Care Bundle – registered nurse will assess frequency of care delivery required. 2. Ensure pressure redistributing equipment is correct for patients needs. 3. Refer to Best Practice Statement – Prevention of Pressure Ulcers to plan person centred care and goal setting. 4. If this is a new pressure ulcer within current area of care – ensure a Datix has been completed – follow Duty of Candour guidance. 5. Commence Applied Wound Management Assessment and Continuation Chart, reassess weekly minimum. 6. Assess and document pain score and provide analgesia as appropriate, review effects after administration. 7. If further advice is required, refer to Tissue Viability unless pressure ulcer is present to ankle and foot – in this case refer to Podiatry – see guidance.