

**NURSING CARE PLAN No 37**  
**Pressure Ulcer**  
*All careplans must be used in conjunction with careplan 1*

Full Name: .....

Address: **Addressograph** .....

HCR:.....

<b>Care Plan No 37</b> <b>Problem</b>	<b>Pressure Ulcer</b> <b>Goals</b>	<b>Issue Date:</b> April 2020 <b>Review Date:</b> April 2023
--	---------------------------------------	---

<p>.....</p> <p>is:</p> <p><input type="checkbox"/> at risk of developing a pressure ulcer</p> <p>..... is:</p> <p><input type="checkbox"/> has a pressure ulcer</p>	<ul style="list-style-type: none"> <li>Assessment and prevention of pressure ulcer</li> <li>Early detection of changes in skin integrity</li> <li>Initiation of pressure relieving strategies to prevent pressure ulcers</li> <li>Management of the pressure ulcer</li> </ul>
--	---

*Use in conjunction with Guidelines on Preventing Pressure Ulcers (to be written)*

No	NURSING INTERVENTION	Commencement, Date, Signature, Time, Grade	Discontinued, Date, time, Signature, Grade
----	----------------------	--	---

<b>1</b>	<p style="text-align: center;"><b>Assessment of risk of developing a pressure ulcer</b></p> <ul style="list-style-type: none"> <li>Perform a pressure ulcer risk assessment using the Glamorgan within 6 hours of admission if ..... has one or more of the following screening risk factors:           <ul style="list-style-type: none"> <li><input type="checkbox"/> Reduced mobility / bed rest      <input type="checkbox"/> Reduced nutritional intake / Fasting &gt; x days</li> <li><input type="checkbox"/> Incontinence inappropriate for age      <input type="checkbox"/> Sensory / Cognitive impairment</li> <li><input type="checkbox"/> Altered tissue perfusion <input type="checkbox"/> Other .....</li> </ul> </li> <li>Repeat the risk assessment anytime the child's condition changes or as clinically indicated</li> <li>Examine child's pressure areas at least daily</li> </ul> <table border="1" style="margin-left: 40px; border-collapse: collapse; width: 40%;"> <tr><td style="text-align: center;">&lt;10</td><td style="text-align: center;">At least weekly</td></tr> <tr><td style="text-align: center;">10+</td><td style="text-align: center;">Every 12 hours</td></tr> <tr><td style="text-align: center;">15+</td><td style="text-align: center;">Every 12 hours</td></tr> <tr><td style="text-align: center;">20+</td><td style="text-align: center;">Every 12 hours</td></tr> </table>	<10	At least weekly	10+	Every 12 hours	15+	Every 12 hours	20+	Every 12 hours		
<10	At least weekly										
10+	Every 12 hours										
15+	Every 12 hours										
20+	Every 12 hours										

**Note:** If child scores 10 due to IV Cannula **only**, please refer to Careplan No X

<b>2</b>	<b>Prevention of Pressure Ulcers Title</b>		
----------	--	--	--

Score & Preventative Strategies			
<10	10+	15+	20+
<ul style="list-style-type: none"> <li>Inspect skin <i>state frequency</i>.</li> <li>Relieve pressure by helping child to move at least every 2 hours.</li> <li>If indicated, use an age and weight appropriate pressure redistribution surface for sitting on sleeping on.</li> <li>Reposition equipment/ devices at least every 2 hours.</li> </ul>	<ul style="list-style-type: none"> <li>Inspect skin <i>state frequency</i>.</li> <li>Reposition child at least every 2 hours.</li> <li>Relieve pressure before any skin redness develops.</li> <li>Use an age and weight appropriate pressure redistribution surface for sitting on/ sleeping on.</li> <li>Ensure equipment / objects are not pressing on the skin.</li> </ul>	<ul style="list-style-type: none"> <li>Inspect skin <i>state frequency</i></li> <li>Move or turn if possible, before skin becomes red.</li> <li>Consider using specialised pressure relieving equipment: <i>give details</i>.</li> <li>Ensure equipment / objects are not pressing on the skin.</li> </ul>	

**NURSING CARE PLAN No 37**  
**Pressure Ulcer**  
*All careplans must be used in conjunction with careplan 1*

Full Name: .....

Address: **Addressograph** .....

HCR.....

3	<b>Management of risk factors</b> <i>(please refer to individual careplans as necessary)</i>	Commencement , Date, Signature, Time, Grade	Discontinued, Date, time, Signature, Grade
	<p><b>Immobility:</b></p> <p><b>Nutrition:</b></p> <p><b>Medical devices:</b></p> <p><b>Incontinence</b> <i>(inappropriate for age):</i></p>		
4	<b>Pressure Ulcer has developed</b>		
	<p><b>Wound care</b></p> <ul style="list-style-type: none"> <li>• Assess and grade pressure ulcer</li> <li>• Determine the specific clinical needs of the wound and choose a dressing(s) to meet these needs</li> <li>• Report, record and respond</li> <li>• Change wound dressings when clinically indicated. Please record name of dressing used and update if any changes made.</li> </ul> <p><b>Wound 1: Plan of Care</b></p> <p>.....</p> <p>.....</p> <p>.....</p>		
5	<b>Parent Education</b>		