Appendix 5

Use following codes as applicable:
O = Off Ward
R = Refused (record comments on Evaluation Sheet)
V = Variant (records comments on Evaluation Sheet)

NHS Ayrshire & Arran

SSKIN BUNDLE

Name

CHI DoB

Ward

Date																									
Frequency of care delivery Ie: 1hrly 2hrly 3hrly 4hrly 5hrly 6hrly 8hrly 12hrly																									
Time – record using 24-hour clock																									
1. Surface – tick when checked																									
Mattress appropriate (Please state) Y = Appropriate O = Ordered																									
Cushion/heel protector appropriate (Please state)																									
2. Skin Inspection – tick when pressure areas checked – record N if no damage present, R for redness, D for discolouration or U for existing pressure ulcer or E for excoriation. Grade damage in evaluation over page																									
All pressure areas checked (top-to-toe, only tick when done)																									
Redness/discolouration/pressure ulcer present																									
Tick if skin protection applied (state)																									
3. Keep moving – tick which position patient been repositioned to when encouraged/assisted to move																									
BED – Right side (30° tilt)																									
BED – Left side (30° tilt)																									
BED – Back																									
BED – Sliding sheet required																									
BED – Independent																									
CHAIR																									
4. Incontinence – tick if patient incontinent of urine/faeces or both																									
Urine (Specify Pad and pants if in use)																									
Bowels																									
5. Nutrition – Detailed below. Ensure where appropriate food record chart, fluid balance and supplement recording sheet used. **HE = Healthy Eating / ED = Energy Dense / MC = Modified Consistency / NBM = Nil by Mouth**																									
Diet: HE/ED/MC/Normal/NBM/IV Only																									
Initials																									

Date & Time	Element Number	Evaluation	Initials

SAMPLE