DAY X SKIN & ADVANCE COMFORT CARE BUNDLE DAY X

Complete for all patients with a Waterlow Score of 10 or over or with restricted mobility

Continuously complete one form each day. Use the best practice care standards outlined in the Prescription of Care detailed in each section below to develop an appropriate individualized care plan

DAY X – Date:												
Document Time												
Signature (initials)												
SURFACE	**Bed mattress** FM foam mattress AMO air mattress overlay AMR air mattress replacement chair cushion FC foam cushion AC air cushion **Heel protection** OB offloading boots HRS heel relief shoe/sandal PD patient has declined use of specialist surface O other: specify in action taken / comments											
Mattress type												
Inflation on/off												
Heels off loaded												
Check bed height (safety)												
SKIN INSPECTION	N no pressure damage found G1: Grade 1 G2: Grade 2 G3: Grade 3 G4: Grade 4 ML moisture lesion (skin excoriation and incontinence associated dermititis)											
Left heel												
Right heel												
Sacrum												
Buttocks												
Ears												
Nose												
Other												
Anti-embolic												
KEEP MOVING	IN independent 1. Left side 30 tilt 2. Right side 30 tilt 3. Sitting in bed 4. Lying in bed 5. Sitting in chair 6. Stand / walk 7. Declined (document discussion in care plan)											
Position changed												
Pain level checked												
Call bell within reach												
INCONTINENCE	**I** independent **C** continent **U** urine **F** Faeces **B** both											
Clean and dry												
Barrier applied												
Toilet needs checked												
NUTRITION	I independent NB nil by mouth IV IV maintenance fluid EF Enteral feeding											
Drink taken												
Food taken												
Supplement taken												
Teeth/dentures/m mouth care offered												
Prescription of care to be completed by the registered nurse responsible for the patient on the early shift – tick as appropriate												
SURFACE (mattress, heels off loaded, chair cushion) SKIN (new full skin assessment completed, TEDS removed / heels checked etc) KEEP MOVING (turning regime etc) INCONTINENCE, NUTRITION etc												