

JOINT CARE PLAN FOR PATIENTS REQUIRING PRESSURE ULCER PREVENTION

Patients Name: _____ NHS. Number _____ D.O.B _____

Date plan implemented: _____ Review Date: _____

AT RISK OF: PRESSURE ULCER DEVELOPMENT/ FURTHER PRESSURE ULCER BREAKDOWN (delete as appropriate)

The following treatment is required to prevent any further deterioration:

Action	Reason
Wash the _____ area _____ times a day with _____ and dry thoroughly.	To remove any previously applied creams and to clean the skin.
Apply _____ barrier cream _____ times a day	To protect the skin and reduce the risk of moisture damage
Assist the patient to change position minimum 2 hourly or at each visit when in bed	To relieve pressure and reduce the risk of pressure damage /further tissue damage (delete as appropriate)
Assist the patient to change position minimum every 15 minutes or at each visit when sat in a chair	To relieve pressure and reduce the risk of pressure damage /further tissue damage (delete as appropriate)
Continue to reiterate advice to the patient on how to change their position and the importance of position changes	To relieve pressure and reduce the risk of pressure damage /further tissue damage (delete as appropriate)
If the patient has a dressing applied to a pressure ulcer that has fallen off contact the District Nurses immediately for advice or follow the advice already given	To reduce the risk of further tissue breakdown and infection
If a red area occurs over a pressure point which does not go white when pressed with the finger or the area appears 'bruised' contact the District Nurses immediately for advice	To prevent any further tissue damage
If pressure relieving equipment is in place which does not appear to be working correctly and has been supplied by the District Nurses contact them immediately	To prevent any further tissue damage
Any additional patient specific advice/recommendations agreed:	

Please refer to the Pressure Ulcer Prevention leaflet and discuss the contents with the District Nurses

If you still have any concerns contact the District Nurses on _____ for further advice and information

Signed District Nurse:

Print Name:

Signed Carer:

Print Name: