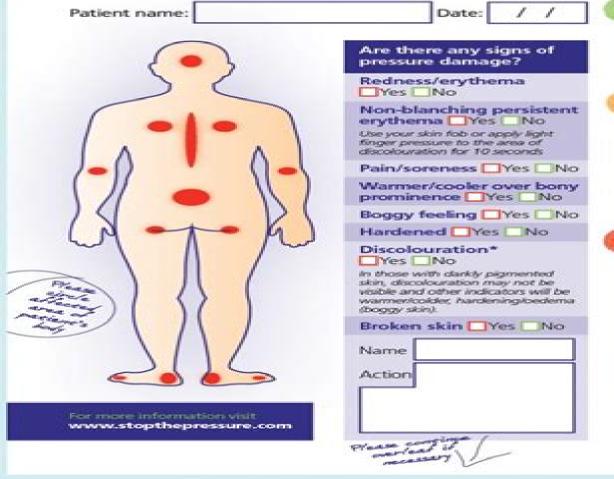
Skin inspection guide

Check most vulnerable areas and document pressure areas at least once a day







No signs of pressure damage: Continue to inspect skin daily and encourage regular repositioning.

AMBER

Early signs of pressure damage: Monitor patient closely and start patient on pressure ulcer prevention plan / SSKIN bundle. Carers must inform qualified nurse/ community nurse.

RED

Pressure damage:
This must be documented immediately on a wound assessment chart and treatment started to prevent further damage, including pressure ulcer management plan / SSKIN bundle. Inform tissue viability nurse specialist and GP.



Guide For Skin Assessment

Julia Petty, Lisa Whiting, Sheila Roberts

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