ēthos
EDUCATION PROGRAMME

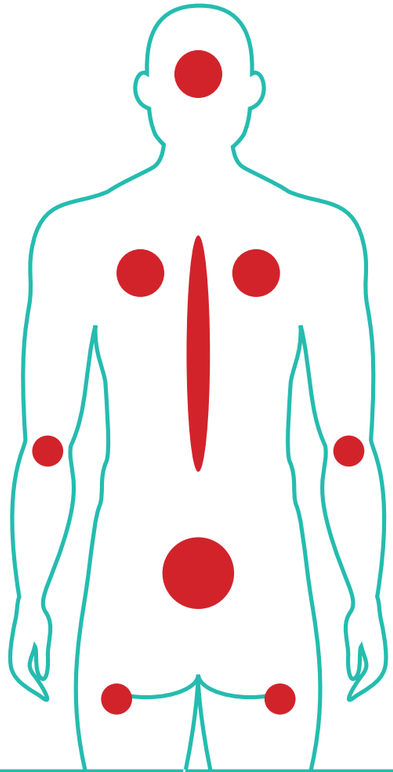
Direct Healthcare Group
Advancing Movement & Health®

aSSKINg together to #StopThePressure

A collaborative approach to the assessment and prevention of pressure ulcers and the management and evaluation of pressure ulcer care in adult critically ill patients.

In 2018, the NHS Improvement Pressure Ulcer Core Curriculum document introduced two important additional elements for preventing pressure ulcers, adding 2 further steps to the 5-step SSKIN care bundle: 'a' for assessing risk and 'g' for giving information – underpinning and supporting the successful implementation of care.

Since its release in June 2018, there has been a dedicated educational drive to raise awareness and implementation of the aSSKINg framework, which is now being adopted across a range of care settings, forming an essential part of patient care plans. The aSSKINg care bundle is a tool which guides and documents pressure ulcer prevention and many associated interventions aimed at reducing the risk of this often preventable patient harm.



a	S	S	K	I	N	g
Assess Risk	Skin Assessment & Skin Care	Surface Selection & Use	Keep Patients Moving	Incontinence Assessment & Care	Nutrition & Hydration Assessment/Support	Giving Information
Assess pressure ulcer risk using a validated took to support clinical judgement • Risk assessments identify the patient's individual risk of pressure ulcers • Enables appropriate care and interventions to be implemented, ensuring resources are used appropriately	Early inspection = early detection • Perform regular skin inspections, checking the temperature and texture, ask about pain or altered sensation • Show patients and carers what to look for	Ensure the provision of appropriate pressure-reducing or pressure-relieving devices • Ensure the patient is repositioned at regular intervals, to meet their individual healthcare needs • Consider the impact of the bed frame and chair as well as the mattress and cushion	Encourage mobility and regular movement to relieve pressure over bony prominences • Assist patients who are unable to move independently	Keep skin clean, dry and protected from moisture • This may include the use of barrier creams, incontinence products and/or ointments • Elevate dependent body parts to prevent oedema • Classify MDRPU's using the NPUAP, EPUAP, PPPIA system	Assess nutritional status • Keep patients well hydrated • Remember the practical aspects of nutrition i.e. can the patient reach the food/drink, oral hygiene, SALT review/assessment • Implement prescribed diet and nutritional supplements	Communicate effectively and provide information to patients, carers and the multidisciplinary team (MDT) regarding pressure ulcer prevention (i.e. repositioning, equipment, nutrition/hydration) • Ensure the documentation is accurate, relevant and concurrent