**Paediatric Pressure Ulcer Daily Risk Assessment (PPUDRA)**

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<thead>
<tr>
<th>Surname:</th>
<th>Forename:</th>
<th>Hospital: ______________________</th>
<th>Ward: ______________________</th>
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<tr>
<td>Sex:</td>
<td>DoB:</td>
<td>Points to consider:</td>
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  - Use within 8 hrs of admission to care area  
  - Re-assess daily and more frequently if a person’s condition changes |

1. **Pressure Damage**  
   Does the person have redness and/or existing pressure damage?  
   **IF YES**, prescribe a minimum of **2 HOURLY Active Care** to avoid further damage occurring and complete the pressure ulcer interventional plan overleaf.

<table>
<thead>
<tr>
<th>Date</th>
<th>Location of redness / ulcers</th>
<th>Grade of ulcer</th>
<th>Date</th>
<th>Location of redness / ulcers</th>
<th>Grade of ulcer</th>
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2. **Mobility**  
   Does the person require assistance to mobilise or change position (inappropriate for age)?

3. **Continence**  
   Does the person have continence issues with urine and/or faeces (inappropriate for age)?

4. **Nutrition**  
   Does the person appear malnourished and/or unable to eat or drink/ PYMS score>2?

5. **Skin**  
   Is skin compromised by any other source, e.g. medical devices; neurological deficit; surgery; medication; co-morbidities?

6. **Judgement**  
   In your clinical judgement, is this person at risk of developing pressure damage? If Yes, please give details:

Record YES/NO answers in the grid below. If YES to any of the questions 2-6, the person is at risk of developing pressure damage. Prescribe a minimum of **4 HOURLY Active Care interventions** and complete the pressure ulcer interventional plan overleaf.

If NO to all statements, continue Active Care Prescribing as assessed for individual need and re-assess daily.

<table>
<thead>
<tr>
<th>Date</th>
<th>Time</th>
<th>Pressure Damage</th>
<th>Mobility</th>
<th>Continence</th>
<th>Nutrition</th>
<th>Skin Compromised</th>
<th>Clinical Judgement</th>
<th>Active Care Prescribed</th>
<th>Signature</th>
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Complete prevention of pressure ulcer interventional plan overleaf for all patients with redness/pressure damage and for those at risk.
## Prevention of Pressure Ulcer Interventional Plan

### Aim:
To incorporate effective pressure ulcer prevention strategies to reduce/eliminate potential for pressure ulcer development.

### Outcome:
To prevent pressure ulcer development through establishment of effecting work practices in line with SSKINS bundle.

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<th></th>
<th>S</th>
<th>SKIN INSPECTION</th>
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<th>S</th>
<th>SURFACE</th>
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<th>K</th>
<th>KEEP MOVING</th>
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<th>INCONTINENCE / MOISTURE</th>
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<th>N</th>
<th>NUTRITION</th>
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<th>SELF MANAGEMENT / SHARED CARE</th>
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<th>Sign / Comments</th>
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<tr>
<td></td>
<td>Date of initial plan:</td>
<td>Check: Pressure areas _____ hourly.</td>
<td></td>
<td>Specify:</td>
<td>Mattress:</td>
<td></td>
<td>Reposition _____ hourly in bed and chair.</td>
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<td>Skin care to be carried out _____ hourly.</td>
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<td>Optimise nutrition and hydration. Refer to PYMS</td>
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<td>Discuss and agree plan with patient / family / carer</td>
<td>□ YES □ NO</td>
<td>‘Prevent Pressure Ulcers in Children’ leaflet given to patient / family / carer?</td>
<td>□ YES □ NO</td>
<td>Date discontinued:</td>
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<td></td>
<td>Date reviewed:</td>
<td>Check: Pressure areas _____ hourly.</td>
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