

Risk factors include:

- epidural analgesia/anaesthetic;
- caesarean section;
- ruptured membranes/moisture from liquor;
- BMI outside healthy range (19-25);
- fulminating eclampsia;
- magnesium sulphate/hydralazine therapy;
- post-partum haemorrhage;
- disseminated intravascular coagulation (DIC);
- symphysis pubis dysfunction;
- chronic immobility, other than related to labour;
- IV anticoagulant therapy;
- previous neurological deficit (sensory/ motor).



Pressure ulcer risk assessment and risk factors

Information for midwives

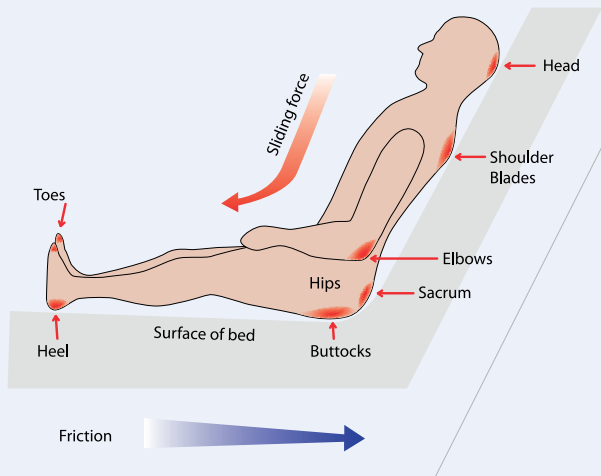
If you would like to give feedback on any of our services please contact your Tissue Viability Nurse Lead



Public Health Agency
12-22 Linenhall Street, Belfast BT2 8BS.
Tel: 0300 555 0114 (local rate).
www.publichealth.hscni.net

Find us on:





Purpose-T pressure ulcer risk assessment tool

Flowsheets

Wound Follow-Up NEWS2 Basic Assessment Fluid Balance IV Assessment Vitals Purpose-T Risk Assess

ED to Hosp-Admission (Current) from 6/6/2024 in BT MHI WARD D MEDICAL with David Michael COME

Search (Alt+Comma)	18:30	18:42	19:00	19:00	25/6/2024	13:00
Purpose-T Screening (Adults)						
Spends all/maj						
Needs help of a						
Needs help of a						
Walks independ						
Skin Status						
Purpose-T Full Assessment (Adults)						
Position Change Frequency/Level of	Moves occasion	Moves occasion	Moves frequent	Moves frequent		
Sensory Perception and Response	No problem	No problem	No problem	No problem		
Moisture	No problem/Oc	No problem/Oc	No problem/Oc	No problem/Oc		
Diabetic	Diabetic	Diabetic	Diabetic	Diabetic		
Perfusion	No problem	No problem	No problem	No problem		
Nutrition	No problem	No problem	No problem	No problem		
Medical Devices	No problem	No problem	No problem	No problem		
PU History						

Maternity SSKIN bundle care plan

Flowsheets

Wound Follow-Up NEWS2 Basic Assessment Fluid Balance IV Assessment Vitals Adult SSKIN Bundle

ED to Hosp-Admission (Current) from 6/6/2024

Search (Alt+Comma)	12:00	13:00
SSKIN Record		
Skin checks recorded on LDA Avatar if Pressure Damaged?		
Skin checks under/around medical devices performed?		
Electric mattress working?		
If cushion is air filled, is it inflated?		
Position Code		
Action taken to offload heels		
Skin care provided as per plan?		
Hygiene code		
Drink or supplement offered?		
Amount Eaten - Breakfast		
Amount Eaten - Lunch		More than 1/2
Amount Eaten - Dinner		

Midwives need to be alert to the importance of tissue viability as an aspect of ongoing risk assessment at every contact with women throughout pregnancy, labour and the postnatal period.

Maternity units recommend the use of **Purpose-T pressure ulcer risk assessment tool** and **Maternity SSKIN bundle care plan** - see examples on next page.

These are available from your HSC Trust Tissue Viability Nurse Lead

Risk factors can be identified during:

- antenatal period;
- admission to hospital;
- admission to labour ward;
- post-delivery;
- postnatal period.

If clinical presentation or condition changes, re-evaluate.

