



Pressure Ulcers to Zero		KEY: Care delivered: ✓ - Yes or X- No (record)				HSE Building a Better Health Service National Quality Improvement Team	
SSKIN Care Bundle example							
NAME							
Frequency of care delivery (circle as appropriate)		1 hrly	2hrly	3hrly	4hrly		
Date							
Time - (record using 24 Hour Clock)							
<b>Surface</b>							
Mattress appropriate (please state)							
Cushion appropriate (please state)							
Functionality/integrity check of equipment performed							
<b>Skin Inspection</b>							
All pressure areas checked							
Redness present Y/N							
<b>Keep moving</b>							
B	Right side						
E	Left side						
D	Back						
CHAIR							
<b>Incontinence</b>							
Urine							
Bowels							
<b>Nutrition</b>							
Diet (please state)							
Fluids (please state)							
Supplement(s) (please state)							
Initials							