

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