ORCHARD ROCK TRAINING

Pressure ulcer prevention checklist

The aSSKINg model

Early signs: patches that don't change colour when pressed (red on white skin, purple or blue on black or brown skin), or skin that is warm, spongy, hard, painful or itchy.

Service / area	Completed by	Date

a • Assess risk

- [ ] Pressure ulcer risk is assessed in line with your policy and recorded in the care plan.
- [ ] The assessment is reviewed whenever the person's health or mobility changes.

S • Skin assessment and skin care

- [ ] Skin is checked as often as the plan says, especially over bony areas.
- [ ] Staff know the early signs on all skin tones.
- [ ] Skin is kept clean and moisturised.

S • Surface

- [ ] The right mattress and cushion are in use, working and set up correctly.

K • Keep moving

- [ ] The person changes position as often as their plan says, with support if needed.
- [ ] They are encouraged to be as active as they can.

I • Incontinence

- [ ] Continence needs are met, and skin is kept clean and dry.

N • Nutrition

- [ ] The person is supported to eat a balanced diet and drink enough.
- [ ] Weight loss or a poor appetite is reported.

g • Giving information

- [ ] The person and their family know the risks and what helps.
- [ ] Staff know the plan, and changes are reported and recorded.

> **Get advice:** report a suspected pressure ulcer to the person's nurse or GP. Get urgent advice (urgent GP appointment or NHS 111) for red, hot or swollen skin, pus, a high temperature, or severe or worsening pain.

Sources (checked 16 September 2026): NHS: Pressure ulcers (reviewed 6 July 2023); NHS Improvement: Pressure ulcer core curriculum (June 2018).
A quick-reference resource only. Always follow the person's care plan, your organisation's policies and current national guidance.
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