

## Appendix 4 The aSSKING framework (5)

|          | Action                               | Best Practice                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
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| <b>a</b> | <b>Assess risk</b>                   | <p>Consider risk factors associated with compromised skin integrity.</p> <p>Undertake screening and risk assessment using the PURPOSE T screening and risk assessment tool or similar evidence-based and validated tool which contains as a minimum, the same risk elements.</p> <p>Refer to appropriate members of the interprofessional team.</p> <p>Be aware of safeguarding policies and take appropriate action when necessary.</p> <p>Document risk status and timing of review in the clinical record.</p>                                                                                                                                                                                                                                                                                                                                                  |
| <b>S</b> | <b>Skin assessment and skin care</b> | <p>Carry out a comprehensive skin assessment including skin under devices where it is safe to do so.</p> <p>Consider colour, texture and temperature of the skin.</p> <p>Ask the individual to identify any areas that are painful, itchy, uncomfortable or numb.</p> <p>Consider risk factors associated with impaired skin integrity.</p> <p>Identify complex health conditions that affect skin integrity.</p> <p>Keep the skin clean, dry and well hydrated.</p> <p>Implement evidence-based skin interventions to promote skin integrity.</p> <p>Document the presence of vulnerable skin, including where there is a change in colour, temperature or texture or patient reported changes in sensation.</p>                                                                                                                                                  |
| <b>S</b> | <b>Surface</b>                       | <p>Consider risk factors associated with a range of support surfaces including but not limited to beds, mattresses, chairs, cushions, wheelchairs and in vehicle systems.</p> <p>Consider the impact of offloading devices such as boots or other orthoses.</p> <p>Consider the impact of medical devices and their contact with the skin.<sup>10</sup></p> <p>Consider the range of available equipment, including the mechanism of action, benefits and associated risks.</p> <p>Identify and undertake relevant seating and moving and handling risk assessments.</p> <p>Consider the role of support surfaces and equipment on the patient's level of independence while managing the risk of pressure ulcer development.</p> <p>Refer to appropriate members of the inter-professional team throughout the patient journey, including discharge planning.</p> |



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| <b>K</b> | <b>Keep moving</b>                        | <p>Consider level of mobility and risk factors associated with reduced mobility.</p> <p>Consider the range of available moving and handling equipment, including the mechanism of action, benefits and associated risks.</p> <p>Use relevant formal tools to assess mobility - falls risk, moving and handling risk assessments to balance the risk from other harm.</p> <p>Consider the impact of reduced mobility on an individual's posture, engagement in activities of daily living (ADL) and psychosocial functioning (mood, isolation, social engagement).</p> <p>Safely use a range of appropriate equipment to promote self mobilisation and good posture - hoists and slings, standing hoists and frames, electronic bed frames, appropriate seating and mobility aids, sleep systems, wheelchairs etc - to promote individualised plan of mobility and assisted transfers.</p> <p>Refer to appropriate members of the interprofessional team throughout the planning journey, including discharge planning.</p> <p>Consider the individual's usual daily routine when planning repositioning or activity schedules.</p> <p>Identify, understand and, where possible, address the cause of any change in mobility level.</p> |
| <b>I</b> | <b>Incontinence or increased moisture</b> | <p>Identify the cause of moisture-related skin damage ie. incontinence, sweat, saliva, stoma effluent, wound leakage.</p> <p>Where possible, address the cause of the moisture.</p> <p>Consider whether incontinence-related skin damage is an issue.</p> <p>Differentiate between aetiologies associated with incontinence.</p> <p>Consider how increased moisture increases the risk of skin damage caused by skin and friction.</p> <p>Implement appropriate prevention and management strategies.</p> <p>Refer to continence services where necessary.</p> <p>Keep the skin clean, dry and well hydrated.</p> <p>Maintain hydration.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |



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| <b>N</b> | <b>Nutrition</b>        | <p>Consider the impact of key nutritional elements in wound healing.</p> <p>Understand the impact of disease on nutritional need and nutrient absorption.</p> <p>Utilise the relevant tools and documentation which should include food and fluid charts, for example, food diaries, MUST, BMI, MUAC, bloods, feeding risks and PEM assessment.</p> <p>Advise on food fortification, nutritional supplementation and moderation of dietary restrictions in event of pressure ulceration.</p> <p>Collaborate to deliver appropriate care with relevant members of the multidisciplinary teams (MDT) (dietician, speech and language therapist, occupational therapist).</p> <p>Consider the practical elements of maintaining nutrition and hydration including portion sizing, food texture, access and ease of use of implements and good dentition.</p>                                                                                                                                                                                                 |
| <b>g</b> | <b>Give information</b> | <p>Select and implement the most appropriate communication approach to increase awareness and facilitate concordance and engagement with pressure ulcer prevention strategies.</p> <p>Consider the patient's level of capacity and perform the necessary checks.</p> <p>Communicate effective and safe use of interventions effectively for the patient, family and within the MDT.</p> <p>Recognise when clinical concerns need to be escalated.</p> <p>Promote effective pressure ulcer prevention approaches.</p> <p>Consider effective resource allocation and escalate concerns when resources are unavailable.</p> <p>Be aware of safeguarding policies and take appropriate action when necessary.</p> <p>Use the clinical record as the source of documentation to ensure information is available to all members of the MDT.</p> <p>Use appropriate language to ensure the clinical record can be appropriately used for coding/analytic purposes.</p> <p>When capturing/using digital images, ensure appropriate consent has been obtained.</p> |

