Contents of Pack:

- SSKIN front sheet
- Signature List
- Flow chart for healthcare professionals
- Flow chart for carers
- SSKIN assessment instructions
- SSKIN assessment tool
- Variance Chart for Healthcare Professionals
- Variance Chart for patients/carers/relatives

Supporting documentation tools:

(1) Assessing capacity

(2) Fluid balance sheet

(3) Food diary

(4) Pressure Ulcer assessment tool

(5) Repositioning Chart

The **Mental Capacity Act 2005** has the primary purpose to provide a legal framework for acting and making decisions on behalf of adults who lack the capacity to make particular decisions for themselves.

Assessing Capacity

Two-stage functional test of capacity

In order to decide whether an individual has the capacity to make a particular decision you must answer two questions:

Stage 1. Is there an impairment of or disturbance in the functioning of a person's mind or brain? If so,

Stage 2. Is the impairment or disturbance sufficient that the person lacks the capacity to make a particular decision?

The MCA says that a person is unable to make their own decision if they cannot do one or more of the following things:

- understand information given to them
- retain that information long enough to be able to make a decision
- weigh up the information available to make the decision
- communicate their decision - this could be by talking, using sign language or even simple muscle movements such as blinking an eye or squeezing a hand

Every effort should be made to find ways of communicating with someone before deciding that they lack capacity to make a decision based solely on their inability to communicate. Also, you will need to involve family, friends, carers or professionals.

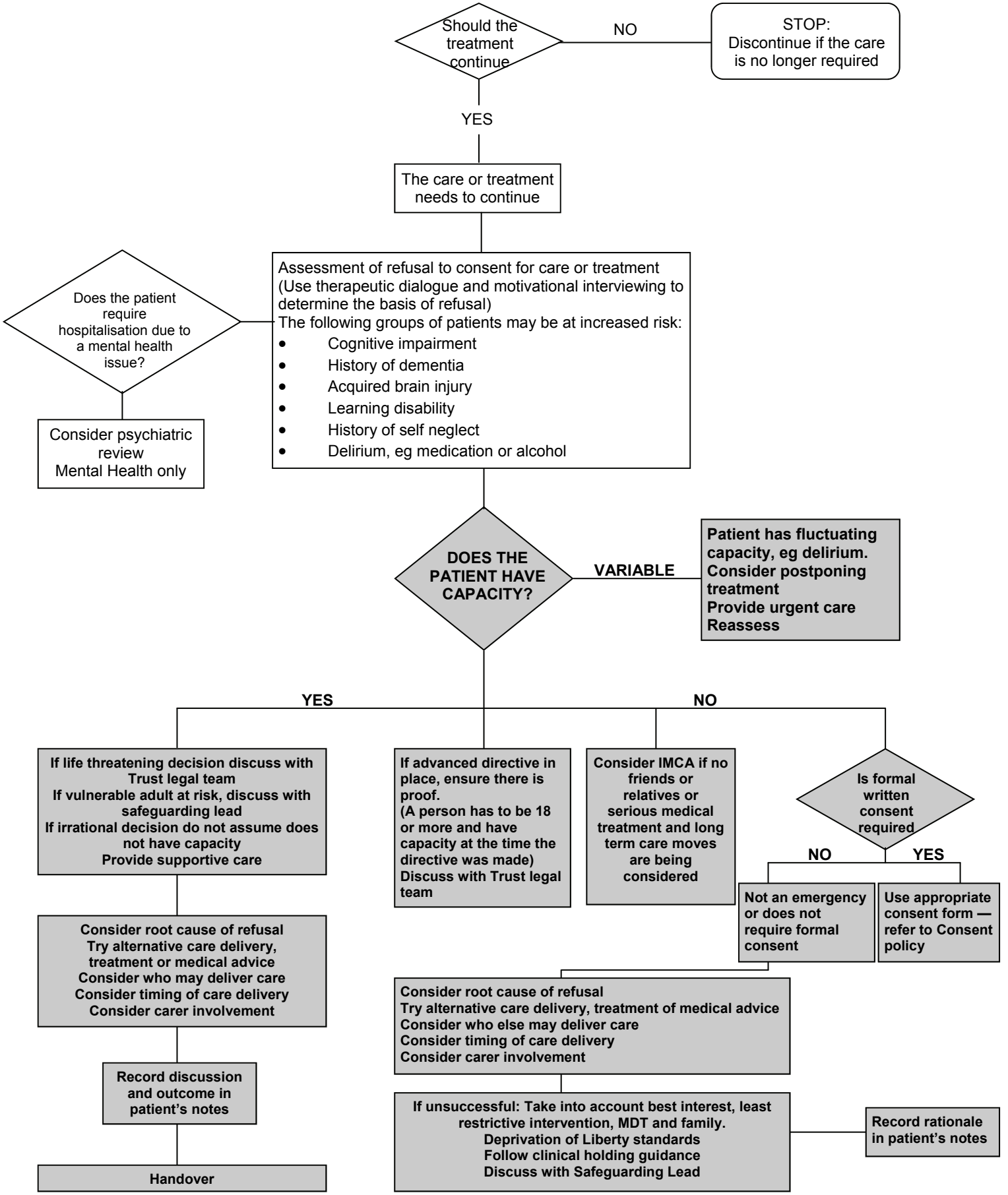
The assessment must be made on the balance of probabilities - is it more likely than not that the person lacks capacity? You should be able to show in your records why you have come to your conclusion that capacity is lacking for the particular

DOCUMENT CAPACITY IN PATIENT RECORD

References:

Queen Elizabeth Hospital Birmingham "What to do is a patient is refusing care or treatment"
Mental Capacity Act (2005) Sections 2-4

PROCESS TO BE FOLLOWED IF A PATIENT IS REFUSING CARE OR TREATMENT



First Name: _____

Last Name: _____

Date of Birth: _____

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Daily Fluid Balance Sheet

Fluid restriction/allowance:	DATE:

INTAKE					OUTPUT					
Time	ORAL	IV	OTHER	Total IN	URINE	BOWELS	VOMIT	OTHER	Total OUT	BALANCE
01:00										
02:00										
03:00										
04:00										
05:00										
06:00										
07:00										
08:00										
09:00										
10:00										
11:00										
12:00										
13:00										
14:00										
15:00										
16:00										
17:00										
18:00										
18:00										
20:00										
21:00										
22:00										
23:00										
24:00										
TOTAL										
Patients weight (if required)										

Think..... SSKIN

First Name: _____

Last Name: _____

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Food Diary

Week commencing:

Monday	FOOD GIVEN	FOOD EATEN	SIGNATURE
Breakfast			
Snack supplement			
Lunch			
Snack supplement			
Evening meal			
Snack supplement			

Tuesday	FOOD GIVEN	FOOD EATEN	SIGNATURE
Breakfast			
Snack supplement			
Lunch			
Snack supplement			
Evening meal			
Snack supplement			

Wednesday	FOOD GIVEN	FOOD EATEN	SIGNATURE
Breakfast			
Snack supplement			
Lunch			
Snack supplement			
Evening meal			
Snack supplement			

Thursday	FOOD GIVEN	FOOD EATEN	SIGNATURE
Breakfast			
Snack supplement			
Lunch			
Snack supplement			
Evening meal			
Snack supplement			

First Name: _____

Last Name: _____

Date of Birth: _____

NHS Number: _ _ _ _ _ _ _ _ _ _

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Food Diary

Week commencing:

Friday	FOOD GIVEN	FOOD EATEN	SIGNATURE
Breakfast			
Snack supplement			
Lunch			
Snack supplement			
Evening meal			
Snack supplement			

Saturday	FOOD GIVEN	FOOD EATEN	SIGNATURE
Breakfast			
Snack supplement			
Lunch			
Snack supplement			
Evening meal			
Snack supplement			

Sunday	FOOD GIVEN	FOOD EATEN	SIGNATURE
Breakfast			
Snack supplement			
Lunch			
Snack supplement			
Evening meal			
Snack supplement			

Think..... SSKIN

First Name: _____

Last Name: _____

Date of Birth: _____

NHS Number: _ _ _ _ _ _ _ _ _ _

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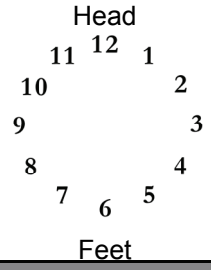
Pressure Ulcer Assessment Tool for healthcare professionals

Registered Nurse to complete minimum weekly or more frequent if pressure ulcer deteriorating

Ulcer A, B, C, D (please circle)

Date					
Site (please specify)					
Duration of ulcer					
Maximum Size (in centimetres and including undermining. Measure undermining from wound margin)					
Use for undermining and tracking wounds 	Width				
	Length				
	Depth				
	North				
	South				
	East				
	West				
Grade					
1-4					
Wound bed (%)					
Epithelialisation					
Granulation					
Slough					
Necrosis					
Blistered					
Other (specify)					
Surrounding skin					
Healthy					
Macerated					
Inflamed					
Dry/Scaly					
Blanching					
Non-blanching redness					
Other (specify)					

Investigations					
Blood glucose		Full blood count		Other	

Think..... SSKIN

First Name: _____

Last Name: _____

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Ulcer A, B, C, D (please circle)

Assessment details				
Exudate Levels				
None				
Low				
Moderate				
High				
Exudate Type				
Serous				
Blood stained				
Purulent				
Other (specify)				
Odour				
None				
Present when dressing removed				
Severe/Strong				
Clinical signs of infection				
Specify Yes/No				
Swab taken Specify Yes/No				
Date taken				
Photograph taken				
Specify Yes/No				
Consent				
Dressing used				
Specify Yes/No				
Type				
Signature				

Additional comments

Think..... SSKIN

First Name: _____

Last Name: _____

Date of Birth: _____

NHS Number: _ _ _ _ _ _ _ _ _ _

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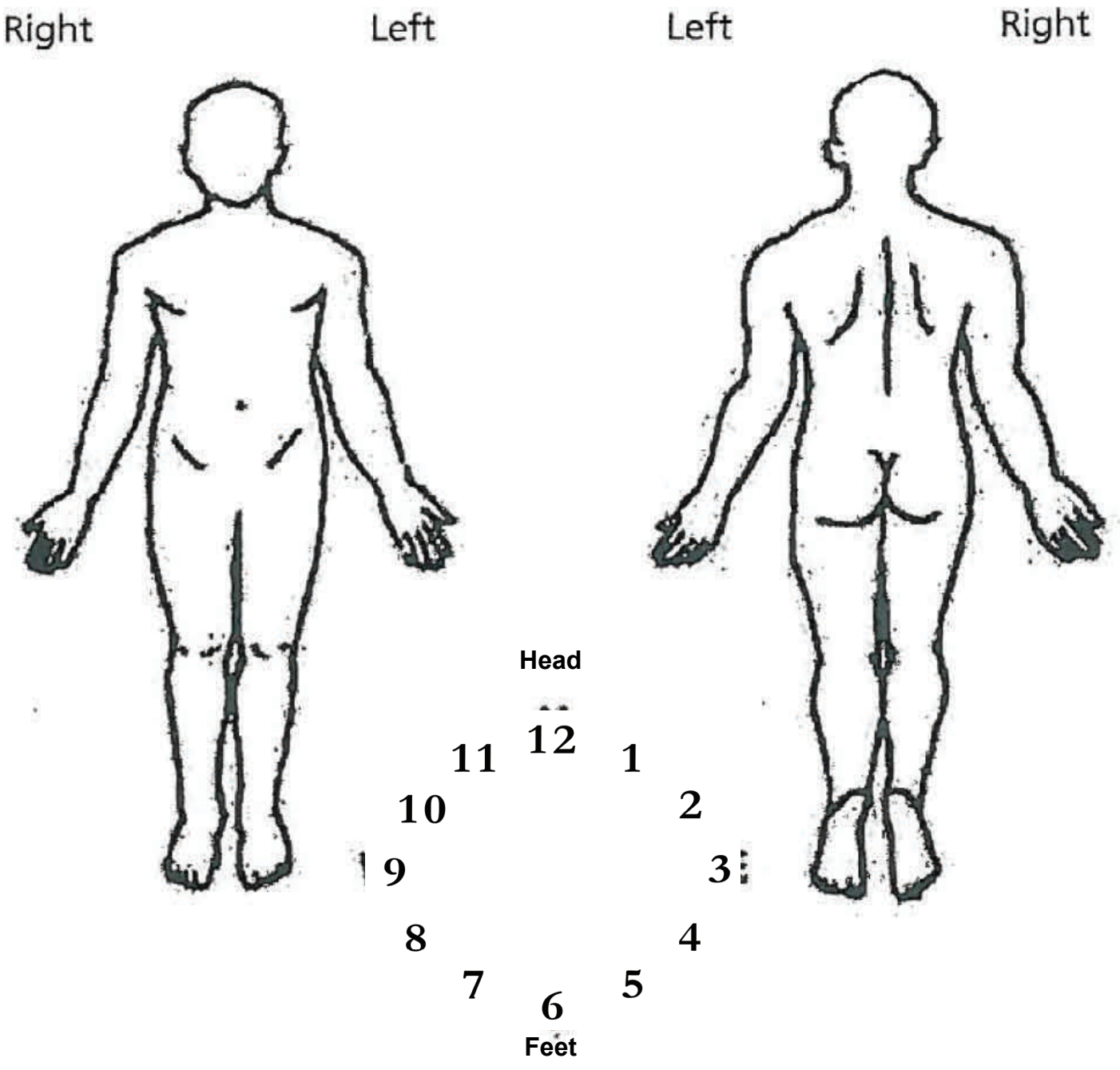
WATERLOW SCORE			
Below 10 (Low risk)	**10+ (At risk)**	**15+ (High risk)**	**20+ (Very high risk)**

Ulcer Site



Think..... SSKIN

First Name: _____

Last Name: _____

Date of Birth: _____

NHS Number: _ _ _ _ _ _ _ _ _ _

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Repositioning Schedule

☐

Frequency of repositioning …….. Hourly
Consult care plan for detailed repositioning schedule
Review weekly or if condition/environment changes

Current wounds…

Risk Areas…

Code: L =Left Side, R =Right side; B =Back; P =Prone (front); M =Mobilised; S =Sitting out; ST =Standing; PM =Passive movements whilst sitting/lying; (30° = consider use of 30° tilt if unable to tolerate lying fully on side)

Date	Time	Position (using codes)	Comments	Signature

Think..... SSKIN