

DK94 04 (SFHCH S5) — Undertake Agreed Pressure Area Care

Overview

This standard covers undertaking pressure area care for individuals, following the individual's care plan and risk assessment, and relevant protocols and procedures within your work area. It is aimed at prevention, that is maintaining healthy skin and preventing breakdown. It will link to the standards on moving and handling individuals, and is applicable in a variety of care settings including hospitals, care homes and the individuals own home.

Users of this standard will need to ensure that practice reflects up to date information and policies.

Additional Information

External Links

This standard links with the following dimension within the NHS Knowledge and Skills Framework (October 2004):

Dimension: HWB5 Provision of care to meet health and wellbeing needs

Performance Criteria — What you do in your job

You must provide evidence to meet all the 10 Performance Criteria for this Unit. The Performance Criteria are grouped under headings to assist you with planning how best to meet these points.

Place the number of the piece of work where this Performance Criteria has been met in the evidence box after each criteria.

	Performance Criteria	Evidence Number where this criteria has been met
1	Apply standard precautions for infection prevention and control and take other appropriate health and safety measures.	
2	Work with others in a methodical and organised manner.	
3	Explain to the individual what you are going to do in a manner that they will understand and obtain their valid consent.	
4	Follow the plan of care accurately, maintaining the privacy and dignity of the individual at all times.	
5	Encourage the individual to be involved in their own pressure area care.	
6	Ensure that you can carry out the procedure without obstruction from clothing or bedding.	
7	Notice any changes to the individuals skin condition and report any changes to the appropriate member of staff.	
8	Utilise pressure relieving aids appropriately, according to the care plan and manufacturers instructions.	
9	Leave the individual in a comfortable position and situation according to the plan of care.	
10	Complete all records and documentation or pass the information onto others if this is not within your role.	

Knowledge and Understanding — Why and how you do what you do in your job

You must provide evidence of your knowledge and understanding to meet all the 23 knowledge points for this Unit. The knowledge points are grouped under headings to assist you with planning how best to meet them.

Place the number of the piece of work where each knowledge point has been met in the 'evidence number' box after each point.

	Knowledge and Understanding <i>You need to know and understand:</i>	Evidence Number where this knowledge point has been met
1	The current European and National legislation, national guidelines, organisational policies and protocols in accordance with Clinical/Corporate Governance which affect your work practice in relation to undertaking agreed pressure area care.	
2	Your responsibilities and accountability in relation to the current European and National legislation, national guidelines and local policies and protocols and Clinical/Corporate Governance.	
3	The duty to report any acts or omissions in care that could be detrimental to yourself, other individuals or your employer.	
4	The importance of working within your own sphere of competence and seeking clinical advice when faced with situations outside your sphere of competence.	
5	The importance of applying standard precautions when undertaking agreed pressure area care and the potential consequences of poor practice.	
6	The pressure sore risk assessment tools used in your work area.	
7	The uses of pressure sore risk assessment tools, including those used in your area of work.	
8	Why you should tell the individuals what you are doing.	

	Knowledge and Understanding <i>You need to know and understand:</i>	Evidence Number where this knowledge point has been met
9	What is meant by valid consent.	
10	The normal anatomy and physiology of the skin.	
11	The pressure sites of the body.	
12	The changes in appearance of the skin when skin integrity is at risk.	
13	The factors which: 13.1 put individuals at risk of skin break down and pressure sores. 13.2 can help prevent skin break down and pressure sores.	
14	The importance of moving individuals correctly, and the consequences of poor handling and moving techniques.	
15	Why it is important to follow the care plan and risk assessment tool.	
16	The importance of team working in relation to pressure area care.	
17	The pressure relieving aids available within your care setting, and their uses.	
18	Where to get further information for in respect of up-to-date information about pressure area care.	
19	Where to get up-to-date information about pressure relieving aids.	
20	Other individuals who you might involve in pressure area care.	

	Knowledge and Understanding <i>You need to know and understand:</i>	Evidence Number where this knowledge point has been met
21	Why you must report and, where appropriate, document the care you have given and any changes, including improvement and deterioration, you have noticed.	
22	The importance of keeping accurate and up to date records.	
23	The importance of immediately reporting any issues which are outside your own sphere of competence without delay to the relevant member of staff.	

The candidate and assessor must only sign below when all Performance Criteria and knowledge points have been met.

Unit assessed as being complete

Candidate's name	
Candidate's signature	
Date submitted to Assessor as complete	

Assessor's name	
Assessor's signature	
Date assessed complete	

Internal Verification

To be completed in accordance with centre's internal verifier (IV) strategy.

Evidence for this Unit was sampled on the following date/s	Internal verifier's signature	Internal verifier's name

This Unit has been subject to an admin check in keeping with the centre's IV strategy.

Date of admin check	Internal verifier's signature	Internal verifier's name

Unit completion confirmed

Internal verifier's name	
Internal verifier's signature	
Date completed	