<table>
<thead>
<tr>
<th>PATIENT SECTION</th>
<th>GP/ NURSE SECTION</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>4.1 Have you had any pressure areas (PA) in the past?</strong></td>
<td>Yes</td>
</tr>
</tbody>
</table>
If Yes, please describe location⁸ (where), when it occurred, how long it took to heal and how it was managed.

<table>
<thead>
<tr>
<th>Where PA occurred</th>
<th>When it occurred</th>
<th>Time taken to heal</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
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</tbody>
</table>

If hospital admission required in the past for PA management, please supply:

Hospital Name: ____________________ Year of Hospital admission ___________

Procedure done: __________________________________________________________

Have you been to RNSH or POW specialised plastics clinic before? Yes | No

| **4.2 Do you have any pressure areas now?** | Yes | No |
If Yes, please list location, when you first noticed it, how severe it is and how it is being managed. *(See footnote to assess severity⁹)*

<table>
<thead>
<tr>
<th>Where PA is</th>
<th>When it occurred</th>
<th>How severe is it (Stage)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
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</table>

<table>
<thead>
<tr>
<th><strong>4.3 If YES, How do you think the pressure area/ s occurred?</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Poor Transfer</td>
</tr>
<tr>
<td>□ Weight Loss</td>
</tr>
<tr>
<td>□ Lifestyle changes (eg change of employment)</td>
</tr>
<tr>
<td>□ Other</td>
</tr>
</tbody>
</table>

Details _______________________________________________________________________

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⁸ Common areas where pressure areas (PA) develop are:
Ischial tuberosity (IT) - under the buttocks where you sit
Greater trochanter (GT) - over the hip bone
Medial or lateral malleolus (ML or LL) - over the inner or outer aspect of the ankles
Heels, Shoulder blades
Sacrum - lower end of spine

⁹ NB: To assess severity, PA are often classified according to the following stages

*Stage 1* - Skin is not broken but may be red (or change color), feel warmer or cooler & firmer

*Stage 2* - Ulcer involves topmost layer of skin and looks like a scrape, blister or shallow crater. (Superficial or partial thickness)

*Stage 3* - Ulcer extends through the skin into the fascia (subcutaneous tissue) underneath. It looks like a deep crater. (Full thickness)

*Stage 4* - Ulcer extends through skin & fascia to involve muscle, bone, tendons and joints.
### 4.4 Skin management

#### 4.4.1. Do you (or your carers) inspect your skin regularly? □ Yes □ No

How frequently? □ 1-2 times/day □ 2nd Daily □ 1-2 times per week

#### 4.4.2. Do you perform regular pressure relief? □ Yes □ No

If YES, what techniques are utilised?

- □ Lifting
- □ Weight Shifting
- □ Reclining
- □ Transferring onto bed / recliner
- □ Rolling / changes in positioning
- □ Other _______________________________

#### 4.4.3. How frequently do you perform pressure relief?

- □ Every 15-30 mins
- □ Every 1-2 hrs
- □ 3-4 times/day
- □ Once daily
- □ Twice daily

### 4.5 What is your main method of transferring?

- □ Independent lift
- □ Independent with sliding board
- □ Standing transfer
- □ Standing transfer with assistance of one
- □ Sliding transfer w/ Assistance
- □ Sliding transfer w/ Slide Board
- □ Hoist
- □ Other _______________________________

How many transfers do you do a day? ___________ (Example: Bed to chair, Chair to commode, Chair to car, Chair to lounge, chair to farm equipment/other vehicles)

### 4.6 When did you last have a review of your seating? ______________

Have you been linked to any seating services? □ Yes □ No

If Yes, are you linked to?

- □ Northern Sydney (ATTS) – Sydney
- □ Northern Sydney (ATTS) – Rural Clinic
- □ Local Seating Supplier
- □ SESIAHS Seating Service

Are any of your equipment (bed, mattress, commode, shower seat, sling, hoist)

> 10 years old?

□ Yes □ No

### 4.7 Nutrition: Does your daily diet include:

1 or more servings of meat/fish/chicken/eggs or legumes □ Yes □ No

2 or more servings of milk, cheese or yoghurt most days □ Yes □ No

5 or more serves of fresh fruit and vegetables (including juices) □ Yes □ No

Do you prepare meals or shop for yourself? □ Yes □ No
### 4.8 Have you had any other skin problems apart from pressure areas?  

☐ Yes  ☐ No

If Yes, please tick one of the following.

☐ Leg Ulcers  ☐ Right Leg  ☐ Left Leg

☐ Osteomyelitis (Bone infection) - Where ______________________________

☐ Cellulitis (Skin infection) - Where ______________________________

☐ Psoriasis - Site ________________________________

☐ Fungal infections - Site ________________________________

☐ Other - Site ________________________________

Details_____________________________________________________________

__________________________________________________________________

### 4.9 Have you had any investigations for the current PA?  

☐ Yes  ☐ No

If Yes, please list results if you know what they showed:

☐ Blood tests _____________________________________________________

☐ Wound Swab ____________________________________________________

☐ Xray __________________________________________________________

☐ Bone Scan _____________________________________________________

☐ Ultrasound _____________________________________________________

☐ Sinogram/CT Scan _______________________________________________

☐ Other __________________________________________________________

__________________________________________________________________

### 4.10 Management so far: Please describe treatment/s provided (for most serious area, if more than one)

☐ Bedrest _________________________________________________________

☐ Debridement and/or dressing________________________________________

☐ Antibiotics _______________________________________________________

☐ Nutritional supplementation_________________________________________

☐ Surgery __________________________________________________________

☐ Other ___________________________________________________________

Please provide further details (eg. about treatment/s, duration and effect on quality of life) ______________________________________________________

__________________________________________________________________
4.11 Do you have any additional risk factors for skin breakdown such as:

- [ ] Medical co morbidities (eg diabetes, kidney or liver disease)
- [ ] Problems with memory or a history of brain injury or mental illness
- [ ] Problems with excessive skin moisture (eg. Incontinence or sweating)
- [ ] Functional decline / poor transfers
- [ ] Old equipment (>5 years old) needing review / replacement
- [ ] Poor nutrition / anaemia (low blood count) or weight loss
- [ ] Psychosocial factors (poor social support/depression)
- [ ] Change in carers or decrease in care hours
- [ ] Smoking
- [ ] Alcohol intake > 4 standard drinks a day
- [ ] Illicit substance use

Describe ________________________________

________________________________________________________________

Actions required:

- [ ] Check fasting BSL, UEC & LFTs
- [ ] Check with others re:symptom
- [ ] Investigate for incontinence
- [ ] Investigate reason/refer to OT
- [ ] Refer to OT
- [ ] Check FBC, albumin, Zn, Mg
- [ ] Explore further
- [ ] Check adequacy of care
- [ ] Advise to stop
- [ ] Review alcohol intake (CAGE)
- [ ] Review further

Does person require:

- [ ] Refer to S/W

Notes:

Skin integrity should be checked and recurrent breakdown/ chronic ulceration investigated routinely -

- Patient’s FBC girth measurement and nutritional status checked
- Is there evidence of depression, change in social support or functional capacity (may require psychology, social work or OT assessment)?
- Evidence of underlying osteomyelitis (radiological or bone scan changes, elevated ESR or CRP)?
- Occupational therapy (OT) assessment of adequacy of wheelchair, cushion and mattress must be part of complete treatment. A referral can be made to the local OT. Specialised support services are available to local therapists should they need specialist advice.