

Pressure Ulcer Prevention Core Clinical Competencies

Name:	Role:
Base:	Date initial training / E mot completed:

Competency Statement:

The participant demonstrates clinical knowledge and skill in pressure ulcer prevention without assistance and/or direct supervision (level 3 - see level descriptors). Assessment in practice must be by a Registered Nurse who can demonstrate competence at level 3 or above.

Performance Criteria	Assessment Method	Level achieved	Date	Assessor/self assessed
The Participant will be able to complete the following criteria :				
1. ASSESS Risk				
a) Identify risk factors, including age, medication, long lie, trauma, incontinence	Questioning / Observation			
b) Assessment of pain	Questioning / Observation			
c) Identifying opportunities for assessment moments – e.g personal care, physiotherapy	Questioning / Observation			
d) Recognising activities that increase or lower risk	Questioning / Observation			
e) Describes opportunities for giving skin care	Questioning / Observation			
f) List reasons for skin care – cleansing, hygiene, social and personal happiness, etc	Questioning / Observation			
2. SKIN: Assessment				
a) Identify three layers of the skin	Questioning / Observation			
b) Understands the barrier function of the skin	Questioning / Observation			
c) Identify early signs of skin damage (non-blanching erythema) and escalate	Questioning / Observation			
d) Differentiate between PU and MASD	Questioning / Observation			
e) Recognise the signs and symptoms of hypoxia	Questioning / Observation			

Performance Criteria	Assessment Method	Level achieved	Date	Assessor/self assessed
f) Demonstrate awareness of the inflammatory response	Questioning / Observation			
g) Differentiate between heat and coldness in local tissue and know the relevance to tissue damage	Questioning / Observation			
h) Carry out skin checks	Questioning / Observation			
i) Understanding of screening tools	Questioning / Observation			
j) Recognition of patients ability to move self and inspect own skin	Questioning / Observation			
k) Select and use assessment tools (mirrors, visual scales)	Questioning / Observation			
3. SKIN: skin care				
a) Delivers relevant patient advice / education	Questioning / Observation			
b) Act on assessment results	Questioning / Observation			
c) Administering basic skin care – cleansing, simple emollients	Questioning / Observation			
d) Implementing simple management of dry skin/moist skin	Questioning / Observation			
4. SURFACE				
a) Able to list the most common devices associated with Medical Device Related Pressure Damage	Questioning / Observation			
b) Able to identify ‘at-risk’ population – anyone with, or using a medical device	Questioning / Observation			
c) Understands different types of equipment and their benefits	Questioning / Observation			
d) Show awareness of consequences of equipment use on patient independence (facilitating enablement to promote independence)	Questioning / Observation			
e) Demonstrates awareness of the consequences of body mass and height on equipment provision	Questioning / Observation			
f) Understands the different role of equipment in maintaining independence – e.g PU prevention, manual handling, patient comfort, maintaining physiological health	Questioning / Observation			

Performance Criteria	Assessment Method	Level achieved	Date	Assessor/self assessed
g) Demonstrates correct use of equipment	Questioning / Observation			
h) Undertake a falls risk assessment	Questioning / Observation			
i) Understands postural management	Questioning / Observation			
j) Implements care and basic maintenance of pressure redistribution equipment (in bed and chair)	Questioning / Observation			
k) Demonstrates use of electronic profiling mechanism to redistribute pressure and maximise impact of mattresses	Questioning / Observation			
l) Accurately documents frequency of repositioning	Questioning / Observation			
m) Documents mode / setting of equipment following daily checks	Questioning / Observation			
5. KEEP MOVING: Mobility				
a) Understanding of different levels of mobility	Questioning / Observation			
b) Shows awareness of consequences of immobility (on ADL function / occupational engagement)	Questioning / Observation			
c) Differentiates risk of being bed-bound from being chair-bound	Questioning / Observation			
d) Awareness of the consequences of body mass on mobility	Questioning / Observation			
e) Practises safe provision of basic mobility aids	Questioning / Observation			
f) Safely uses repositioning devices	Questioning / Observation			
g) Practises correct use of slide sheets and hoists	Questioning / Observation			
6. INCONTINENCE				
a) Describes types of incontinence: urinary / faecal	Questioning / Observation			
b) Understanding the potential impact of urine and/or faeces on the skin	Questioning / Observation			

Performance Criteria	Assessment Method	Level achieved	Date	Assessor/self assessed
c) Know how to appropriately cleanse the skin frequently and the safe and effective use of products	Questioning / Observation			
d) Know how to protect the skin from incontinence	Questioning / Observation			
e) Know how to use products such as pads and barrier washes and creams	Questioning / Observation			
f) Understand the impact of incontinence on an individual's emotional wellbeing	Questioning / Observation			
g) Identifying skin changes associated with other sources of moisture	Questioning / Observation			
h) Recognise an individual's ability to manage their own incontinence care needs or, if required, help and assist	Questioning / Observation			
i) Application of continence pads	Questioning / Observation			
j) Knows how to change devices – e.g catheter bags and sheaths	Questioning / Observation			
k) Shows awareness of risk associated with use of devices	Questioning / Observation			
7. NUTRITION				
a) Knowledge of basic nutritional groups and micro-nutrients	Questioning / Observation			
b) Able to appropriately complete food and fluid charts	Questioning / Observation			
c) Able to appropriately complete or assist patients and their families to complete food diaries	Questioning / Observation			
d) Undertakes assisted feeding for patients with a range of disorders	Questioning / Observation			
e) Understands the importance of good dentition	Questioning / Observation			
8. GIVING INFORMATION				
a) Able to assess appropriate forms of communication to use with patient regarding pressure ulcer prevention and management	Questioning / Observation			
b) Able to identify at-risk patients to whom information should be given	Questioning / Observation			

Performance Criteria	Assessment Method	Level achieved	Date	Assessor/self assessed
c) Provides information to patient / carer on avoiding pressure damage (written, verbal, electronic)	Questioning / Observation			
d) Know how to and when to escalate to senior staff	Questioning / Observation			
e) Appreciates and escalates patient and carer expectations and concordance	Questioning / Observation			
f) Appropriately revisits assessment information	Questioning / Observation			

Source: Pressure Ulcer Core Curriculum (NHSI 2018)

Date all elements of Competency Tool completed to level 3 _____

Name _____ Signature _____ Status _____ Date _____

I confirm that I have assessed the above named individual and can verify that he/she demonstrates competency in pressure ulcer prevention

Assessor _____ Signature _____ Status _____ Date _____

Review Dates:	Competent Yes / No	Registered Nurse Signature	Verifier signature	Comments