

## Pressure Ulcer Prevention Clinical Competencies: Intermediate

Name:	Role:
Base:	Date initial training

### 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
<b>The Participant will be able to complete the following criteria :</b>				
<b>1. ASSESS Risk</b>				
a) Identify risk factors, including age, medication, long lie, trauma, incontinence	Questioning / Observation			
b) Assessment of risk using formal risk assessment tools e.g. Braden	Questioning / Observation			
c) Practices in a holistic way incorporating clinical judgement with the formalised risk assessment	Questioning / Observation			
d) Completes relevant documentation and demonstrates awareness of legal implications	Questioning / Observation			
e) Develops and implements prevention plans and pain management strategies	Questioning / Observation			
f) Initiates MDT involvement and demonstrates knowledge of specialist teams for referral	Questioning / Observation			
<b>2. SKIN: Assessment</b>				
a) Knowledge and understanding of the skin layers, functions, and comorbidities affecting the skin	Questioning / Observation			
b) Identify early signs of skin damage (non-blanching erythema) and escalate	Questioning / Observation			
c) Able to identify specific issues relating to diabetic/ neuropathic feet	Questioning / Observation			
d) Understand the effect of humidity and microclimate on skin and Differentiate between PU and MASD	Questioning / Observation			
e) Ability to categorise pressure damage 1-4, unstageable and recognise difference between DTI and bruising / category 1	Questioning / Observation			

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f) Demonstrate awareness of the inflammatory response and recognise risk of infection/sepsis	Questioning / Observation			
g) Differentiate between heat and coldness in local tissue and know the relevance to tissue damage	Questioning / Observation			
h) Select and use assessment tools (mirrors, visual scales)	Questioning / Observation			
i) Recognition of patients ability to move self and inspect own skin	Questioning / Observation			
j) Demonstrate understanding of skin failure at end of life	Questioning / Observation			
<b>3. SKIN: skin care</b>				
a) Delivers relevant patient advice / education	Questioning / Observation			
b) Demonstrate understanding of pH of the skin, the effects of soap, over cleaning and the impacts of altered pH	Questioning / Observation			
c) Initiate skin care regimes demonstrating awareness of skin care product properties	Questioning / Observation			
<b>4. SURFACE</b>				
a) Demonstrate understanding of the mechanism of action of pressure ulcer prevention equipment	Questioning / Observation			
b) Able to identify 'at-risk' population – anyone with, or using a medical device	Questioning / Observation			
c) Knowledge of the rationale for equipment selection including: basics of seating assessment, when to remove equipment, and effect of body mass / height on choice	Questioning / Observation			
d) Training patient and family in equipment usage and education to continue regular repositioning	Questioning / Observation			
g) Demonstrates use of offloading devices for at-risk foot	Questioning / Observation			
h) Undertake a falls risk assessment	Questioning / Observation			
i) Understands 24 hour postural management	Questioning / Observation			
j) Recognises when and how to make adaptations that reflect the environment in which care is delivered	Questioning / Observation			

Performance Criteria	Assessment Method	Level achieved	Date	Assessor/self assessed
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			
<b>5. KEEP MOVING: Mobility</b>				
a) Understanding of different levels of mobility	Questioning / Observation			
b) Shows awareness of consequences of immobility (on ADL function / occupational engagement)	Questioning / Observation			
c) Awareness of the consequences of body mass on mobility	Questioning / Observation			
d) Practises safe provision of basic mobility aids	Questioning / Observation			
e) Safely uses repositioning devices including use of offloading devices for at-risk foot	Questioning / Observation			
f) Practises correct use of slide sheets and hoists	Questioning / Observation			
g) Recognises when and how to make adaptations that reflect the environment in which care is delivered	Questioning / Observation			
h) Instigates and teaches passive exercises	Questioning / Observation			
<b>6. INCONTINENCE</b>				
a) Describes types of incontinence: urinary / faecal and Demonstrates an awareness of NICE guidance for incontinence and associated pathways	Questioning / Observation			
b) Conducts initial assessment using local protocols and assessment tools for incontinence	Questioning / Observation			
c) Recognises underlying conditions affecting incontinence, such as neurological conditions.	Questioning / Observation			
d) Demonstrates an holistic approach to care, assessment and management including social and personal support	Questioning / Observation			

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e) Knowledge of red flag signs relating to urine and bowel disorders and importance of immediate referral	Questioning / Observation			
f) Implements appropriate skin-care regimens and good hygiene	Questioning / Observation			
g) Instigates pain management	Questioning / Observation			
h) Able to accurately describe differences between moisture associated skin damage and pressure ulceration	Questioning / Observation			
i) Identifying skin changes associated with other sources of moisture	Questioning / Observation			
j) Recognise an individual's ability to manage their own incontinence care needs or, if required, help and assist	Questioning / Observation			
k) Knows how and when to initiate MDT involvement and/ or Involves specialist service	Questioning / Observation			
<b>7. NUTRITION</b>				
a) Understands the key nutritional concepts in wound healing	Questioning / Observation			
b) Accurately completes the MUST tool including calculation of BMI	Questioning / Observation			
c) Appropriately uses the MUAC	Questioning / Observation			
d) Co-morbidities that may affect appetite	Questioning / Observation			
e) Assessment and referral of bariatric patients	Questioning / Observation			
f) Assesses dentition and oral hygiene needs	Questioning / Observation			
g) Implements relevant nutritional supplementation	Questioning / Observation			
h) Appropriately engages with the MDT – eg dietician, speech and language therapists, occupational therapists	Questioning / Observation			
<b>8. GIVING INFORMATION</b>				
a) Facilitates health education and health promotion activities with patients and their families	Questioning / Observation			

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b) Communicates assessment results to appropriate MDT members and refers appropriately				
c) Teaching appropriate staff the principles of effective skin management that should be communicated to patients	Questioning / Observation			
d) Planning care in conjunction with the patient/ carer, and communicating this plan	Questioning / Observation			
e) Able to use appropriate communication strategies to manage refusal of treatment and escalates to senior team	Questioning / Observation			
f) Evaluates care, communicates results with team and patient/carer	Questioning / Observation			
g) Initiates referral for further/enhanced care	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