Queensland Government

Day Oncology **Pressure Injury and Falls Assessment**

Facility: .....

(Affix identification label here)

URN:

Family name:

Given name(s):

Address:

Date of birth: Sex: ☐ M ☐ F ☐ I

- The following assessments should be completed **weekly** (at minimum), following any change in condition (e.g. following hospitalisation, or commencement of new medication) or as per local policy
- Oncology patients are at risk of pressure injury as a result of their treatment side effects, age and comorbidities
- **Care plans never replace clinical judgement. Care outlined must be altered if it is not clinically appropriate for the individual patient**
- Every person documenting on the form must sign the signature log (page 1)

BASELINE
Strategies for all patients

- Educate patient and / or carer to check patients skin and advise staff of any area of increased temperature, swelling, pain or discolouration
- Provide pressure injury information and partner with patient / carer in care planning
- Encourage position changes while receiving treatment
- Ensure appropriate positioning
- Ensure use of appropriate support surface
- Educate patient / carer / family on the importance of frequent small shifts to reduce pressure

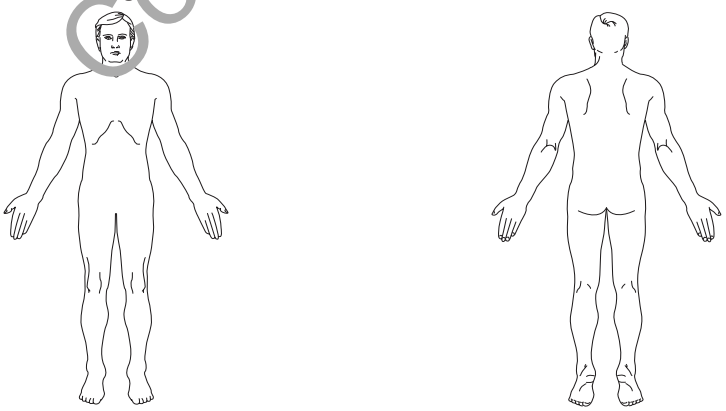
ADDITIONAL STRATEGIES
for at risk patients, i.e.:
- Scores >10 on Waterlow
- Has had a previous pressure injury
- Is unable to reposition independently
- Has impaired sensation
- Is diabetic

- Ensure patient is repositioned every 2 hours throughout treatment and record when pressure area care is provided on the observation chart
- Encourage patient to reposition by making frequent small shifts as able
- Provide pressure relieving devices to affected areas
- Refer to occupational therapy for pressure relieving devices - date referred: ..... / ..... / .....
- Refer to podiatrist for diabetic foot care - date referred: ..... / ..... / .....

Skin Assessment To be performed weekly at minimum, and each session if patient is high risk or has existing pressure injury

Date												
Time												
Ask patient: **Completed by** (initial)												
Have you or your carer checked your skin this week?	☐Y ☐N	☐Y ☐N	☐Y ☐N	☐Y ☐N	☐Y ☐N	☐Y ☐N	☐Y ☐N	☐Y ☐N	☐Y ☐N	☐Y ☐N	☐Y ☐N	☐Y ☐N
Are there any areas of your skin that you are concerned about? (e.g. painful, discoloured) *If yes, record findings on diagram, using legend to indicate nature of injury*	☐Y ☐N	☐Y ☐N	☐Y ☐N	☐Y ☐N	☐Y ☐N	☐Y ☐N	☐Y ☐N	☐Y ☐N	☐Y ☐N	☐Y ☐N	☐Y ☐N	☐Y ☐N
Do you consent to a comprehensive skin inspection? *If yes, record findings on diagram, using legend to indicate nature of injury*	☐Y ☐N	☐Y ☐N	☐Y ☐N	☐Y ☐N	☐Y ☐N	☐Y ☐N	☐Y ☐N	☐Y ☐N	☐Y ☐N	☐Y ☐N	☐Y ☐N	☐Y ☐N
Interventions (document on page 2) (e.g. 'A')												

Record and date skin related issues on diagram below



Legend:
P Pressure injury
W Wound
S Skin tear

If skin injury is found

- Date injury found - 1: ..... / ..... / ..... 2: ..... / ..... / ..... 3: ..... / ..... / .....
- Record findings in the EMR / medical notes and consult with wound nurse as needed
- Record injury in RiskMan (date recorded) - 1: ..... / ..... / ..... 2: ..... / ..... / .....

Signature Log Every person documenting on the form must supply a sample of their initials below

Initial	Print name	Role	Signature	Initial	Print name	Role	Signature

DO NOT WRITE IN THIS BINDING MARGIN

DAY ONCOLOGY PRESSURE INJURY AND FALLS ASSESSMENT

v1.00 - 11/2021
WINC Code: 1NY31437
SW806

Queensland Government

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Date												
Time												
Completed by (initial)												
Screen: Has the patient had a fall (in any location) in the last week?	☐Y ☐N	☐Y ☐N	☐Y ☐N	☐Y ☐N	☐Y ☐N	☐Y ☐N	☐Y ☐N	☐Y ☐N	☐Y ☐N	☐Y ☐N	☐Y ☐N	☐Y ☐N
Is the patient prescribed opioids or benzodiazepines?	☐Y ☐N	☐Y ☐N	☐Y ☐N	☐Y ☐N	☐Y ☐N	☐Y ☐N	☐Y ☐N	☐Y ☐N	☐Y ☐N	☐Y ☐N	☐Y ☐N	☐Y ☐N
Has the patient had a recent change in anti-hypertensive medications?	☐Y ☐N	☐Y ☐N	☐Y ☐N	☐Y ☐N	☐Y ☐N	☐Y ☐N	☐Y ☐N	☐Y ☐N	☐Y ☐N	☐Y ☐N	☐Y ☐N	☐Y ☐N
Is the patient unsteady on their feet and / or uses a mobility aid?	☐Y ☐N	☐Y ☐N	☐Y ☐N	☐Y ☐N	☐Y ☐N	☐Y ☐N	☐Y ☐N	☐Y ☐N	☐Y ☐N	☐Y ☐N	☐Y ☐N	☐Y ☐N
Is the patient an amputee or wheelchair bound?	☐Y ☐N	☐Y ☐N	☐Y ☐N	☐Y ☐N	☐Y ☐N	☐Y ☐N	☐Y ☐N	☐Y ☐N	☐Y ☐N	☐Y ☐N	☐Y ☐N	☐Y ☐N
Is the patient confused or impulsive?	☐Y ☐N	☐Y ☐N	☐Y ☐N	☐Y ☐N	☐Y ☐N	☐Y ☐N	☐Y ☐N	☐Y ☐N	☐Y ☐N	☐Y ☐N	☐Y ☐N	☐Y ☐N
Does the patient experience severe postural hypotension?	☐Y ☐N	☐Y ☐N	☐Y ☐N	☐Y ☐N	☐Y ☐N	☐Y ☐N	☐Y ☐N	☐Y ☐N	☐Y ☐N	☐Y ☐N	☐Y ☐N	☐Y ☐N
Does the patient have a history of minimal trauma fracture?	☐Y ☐N	☐Y ☐N	☐Y ☐N	☐Y ☐N	☐Y ☐N	☐Y ☐N	☐Y ☐N	☐Y ☐N	☐Y ☐N	☐Y ☐N	☐Y ☐N	☐Y ☐N
Interventions (e.g. 'A')												

Falls Prevention Strategies

- **If *yes* to any of the above questions, discuss the risk of falls with the patient or carer and implement falls prevention strategies**
- **Instruct patient to not mobilise independently, to buzz and wait for assistance**
- **Provide frequent observation, supervision and assistance, especially during weighing, toileting and mobilising**
- Physiotherapy referral where able (consider community referral) - date referred: ..... / ..... / .....
- If possible, locate the patient treatment chair in a highly visible location
- Consider use of additional staff for constant supervision and assistance with mobility

Date / Time	**Interventions and Clinical Comments** (record here and note letter in Intervention row)	Initials
	A	
	B	
	C	
	D	
	E	
	F	
	G	
	H	
	I	
	J	
	K	
	L	
	M	
	N	