Queensland Government

Renal Dialysis **Pressure** Injury and Falls Risk 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
- MOST dialysis patients are at risk of pressure injury as a result of their age, organ failure, 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 to check own skin and advise staff of any area of increased temperature, discolouration, swelling or pain
- Provide pressure injury information and partner with patient / carer in care planning
- Encourage position changes while receiving dialysis
- Ensure appropriate positioning
- Ensure use of appropriate support surface

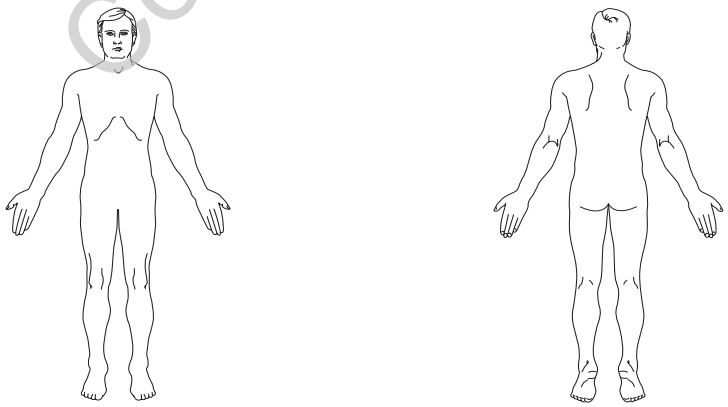
ADDITIONAL STRATEGIES
for at risk patients, i.e.:
- Scores >10 on Waterlow
- Has had a previous pressure injury
- Is unable to reposition independently
- Has impaired sensation
- Is diabetic

- Ensure patient is repositioned every 2 hours throughout treatment and record when pressure area care is provided on the observation chart
- 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



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

RENAL DIALYSIS PRESSURE INJURY AND FALLS RISK ASSESSMENT

v1.00 - 10/2020
WINC Code: 1NY31439
SW751

Queensland Government

Renal Dialysis Pressure Injury and **Falls** Risk Assessment

(Affix identification label here)

URN:

Family name:

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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
- MOST dialysis patients are at risk of falling due to their age, polypharmacy and the fluid shifts associated with treatment
- **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)

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 sedatives 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
Does the patient experience cramping during treatment?	☐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**
- Physiotherapy referral where able (consider community referral) - date referred: ..... / ..... / .....
- If possible, locate the patient treatment chair in a highly visible location
- If possible, choose weigh scales that minimise the need to transfer
- Consider use of additional staff for constant supervision

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	

DO NOT WRITE IN THIS BINDING MARGIN