

Hot Debrief – to be performed immediately after discovery of a pressure ulcer (PU)

This should be performed by staff on the ward at the time of the discovery of the pressure ulcer and be completed before the end of the shift. It should be recorded by someone who has seen the pressure ulcer or was responsible for the patient’s care when the skin damage was identified. When complete file in the patient’s notes. Please circle/tick or answer as appropriate.

Hospital:	Ward/Unit:
Date & Time pressure ulcer identified:	Date: Time:
What category is the PU (please circle)	Category 1, Category 2, Category 3, Category 4 Unstageable, SDTI
Is the skin over the damaged area broken?	No Yes: commence a wound assessment chart & wound management care plan <input type="checkbox"/>
Has the PU been validated by a second person?	Yes/No
Have you confirmed the category of damage with the Pressure Ulcer definition chart?	Yes/No
Has a photograph been taken of the PU?	Yes – upload to Datix Incident <input type="checkbox"/> No – arrange for photo to be taken & uploaded ASAP <input type="checkbox"/>
Where is the location of the PU on the body:	
If on the heel – were the heels elevated from the mattress on discovery of the damage?	Yes/No/NA
What position was the patient in immediately before the PU was identified?	Positioned on back Sitting upright In a chair On left side On right side
Has the PURPOSE T risk assessment been completed/updated on each of the last 3 days, or each day since admission to your ward if less than 3 days ago?	Yes – complete a new PURPOSE T risk assessment <input type="checkbox"/> No – complete a new PURPOSE T risk assessment <input type="checkbox"/>
Had a pressure ulcer prevention leaflet been given to the patient prior to the PU?	Yes No – provide patient information <input type="checkbox"/>
Is there an individualised Pressure Ulcer prevention care plan?	Yes – up date in light of new PU <input type="checkbox"/> No – instigate a PU prevention care plan and individualise for the patient <input type="checkbox"/>

	<i>Consider increasing frequency of repositioning and/or specification of mattress</i>
What was the required repositioning frequency on the care plan?	1 hourly, 2 hourly, 3 hourly, 4 hourly Other:
How long since the patient was last re-positioned?	1 hour, 2 hours, 3hours, 4 hours, 5 hours, 6 hours Other:
What is the frequency of repositioning now following the discovery of the PU?	1 hour, 2 hours, 3hours, 4 hours, 5 hours, 6 hours Other
Does the patient have a SKIN Bundle?	Yes No – <i>instigate SKIN bundle</i> <input type="checkbox"/>
When the SKIN bundle was last filled in (prior to PU discovery) what was the condition of the skin where the PU has developed?	NA – no SKIN bundle A – normal; B- red and blanching; R- red and non-blanching; IB –intact or open blister; SDTI – intact skin with dark discolouration; C- covered; ML – moisture lesion
What is the name of the mattress and cushion that were in place when the PU was discovered?	Mattress: Cushion:
Was the inflation of the mattress checked when the patient was last repositioned?	Yes/No NA – foam mattress
When the PU was discovered was the air mattress in working order, with no alarms?	NA – foam mattress Yes No – <i>arrange replacement</i> <input type="checkbox"/>
Datix incident completed?	Yes No – <i>complete incident</i> <input type="checkbox"/>
Pressure ulcer passport completed?	Yes No – <i>complete passport</i> <input type="checkbox"/>
Nurse In Charge informed of pressure ulcer	Yes No – <i>inform nurse in charge</i> <input type="checkbox"/>
Any other information:	
Name and Band of person completing this form:	Name (PRINT): Signature: Band:
Name of Patient:	

Hot Debrief – to be performed immediately after discovery of a Fall

Consequence score (severity levels) and examples of descriptors for information.			
Severity score	3	4	5
	Moderate	Major	Catastrophic
Impact on the safety of patients, (physical/psychological harm)	Moderate injury requiring professional intervention Increase in length of hospital stay by 4-15 days <i>An example may be # Colles</i>	Major injury leading to long-term incapacity/disability Increase in length of hospital stay by >15 days <i>An example may be # NOF with recovery</i>	Incident leading to death Multiple permanent injuries or irreversible health effects
Patient name	Ward		
Time of fall	Location of fall e.g. beside bed, dayroom, bathroom?		
Datix Incident ID		Any previous falls	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes – Number and dates			
Falls risk identified on admission	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Is the patients cognition	Impaired <input type="checkbox"/> No cognitive impairment <input type="checkbox"/>		
Relevant diagnosis	Dementia <input type="checkbox"/> Delirium <input type="checkbox"/> Other <input type="text"/>		
Was the patient receiving Enhanced Observations	Yes <input type="checkbox"/> No <input type="checkbox"/>	If Yes	Location of supervising staff member
Details of fall			
Was fall from:	Bed <input type="checkbox"/> Chair <input type="checkbox"/> Whilst Mobilising <input type="checkbox"/> Whilst Transferring (bed / chair / toilet) <input type="checkbox"/>		
Fall from Bed			
If from bed,; Height of bed (note if Hi-Lo bed) Bedrails risk assessment completed Did patient have raised bedrails?	Hi-lo bed: Yes <input type="checkbox"/> No <input type="checkbox"/> Note height of bed <input type="text"/> Yes <input type="checkbox"/> No <input type="checkbox"/> If yes bedrails indicated? Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Was a call bell in reach? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Did patient Fall over the bedrails? Fall from bottom of bed?	Fall over bedrails <input type="checkbox"/> From bottom of bed <input type="checkbox"/> Off side of bed <input type="checkbox"/> Unsure <input type="checkbox"/>		
Is there evidence of an initial multi-factorial assessment within 6 hours of admission/transfer? If no please describe why?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Ongoing MFA assessment	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is there a manual handling assessment?	Yes <input type="checkbox"/> No <input type="checkbox"/>		
What is the Manual Handling assessment and plan?			

Other falls			
Had the patient had a mobility assessment and plan	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
If yes: was this followed at time of the fall?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If No why?
Was the following used / in place at time of fall	Walking aid <input type="checkbox"/>	Call Bell <input type="checkbox"/>	Comments
Please describe in no / not appropriate	Intentional / Safe rounds <input type="checkbox"/>		
	Appropriate footwear <input type="checkbox"/>		
Were these additional measures in use at the actual time of fall?	Yes /No If no please explain why		
Other assessments:			
Record of lying and standing BP?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Identified at risk at safety briefing Yes <input type="checkbox"/> No <input type="checkbox"/>
Review of any medication that increases risk of falls?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Medically fit for discharge prior to fall Yes <input type="checkbox"/> No <input type="checkbox"/>
Immediate post falls actions			
Describe post falls actions:			
Any other factors that should be considered?			
Other Factors			
Staffing Factors:	No. Rostered Establishment RN <input type="checkbox"/> HCA <input type="checkbox"/> No on Duty RN <input type="checkbox"/> HCA <input type="checkbox"/>		
Any staff on break or off the ward for any reason? Were staff at handover? Was there anything else that contributed to the ward acuity?	Was 1:1 specialing required for this patient or other patients in area but not available? If Yes were any other mitigating actions considered/actioned? Please detail, e.g. cohorting patients, intermittent observations?		
Were there any slip/trip obstructions or defects within the environment?			
Date and time family were informed of fall			
Immediate remedial actions			
Hot Debrief led by:			