

The aSSKINg Framework ¹

The original five-step **SSKIN** care bundle approach to preventing and managing pressure ulcers has been established for many years and is widely used in clinical practice ², with evidence showing it can help improve clinical care ³. The original **SSKIN** care bundle focussed on:

- **Surface;**
- **Skin Inspection;**
- **Keep your patients moving;**
- **Incontinence/increased moisture;**
- **Nutrition/hydration**

In 2018, the NHS Improvement Pressure Ulcer Core Curriculum document¹ introduced two important additional elements for preventing pressure ulcers. These added to the existing 5-step **SSKIN** care bundle with the letters:

- **'a'** for assess risk and
- **'g'** for giving information.

While the core **SSKIN** acronym remains unchanged and represents the fundamental elements of care delivery for the prevention and, when necessary, management of pressure ulcers, the two new additional elements of 'assessing risk' and 'giving information' underpin and support the successful implementation of care.

Since its release in June 2018, there has been a dedicated educational drive to raise awareness and implementation of the **aSSKINg** framework, which is now being adopted across a range of care settings where it forms an essential part of patient care plans.

The **aSSKINg** care bundle is a tool which guides and documents pressure ulcer prevention and many associated interventions aimed at reducing the risk of this often preventable patient harm.



Further information on the **aSSKINg** framework can be found by accessing the following website or the links below:
https://improvement.nhs.uk/documents/2921/Pressure_ulcer_core_curriculum_2.pdf

Other useful links:

- <https://nhs.stopthepressure.co.uk/docs/aSSKINg-together.pdf>
- <https://www.nursingtimes.net/clinical-archive/tissue-viability/pressureulcer-education-1-introducing-a-new-core-curriculum-28-10-2019/>
- <https://improvement.nhs.uk/resources/Using-SSKIN-to-manage-andprevent-pressure-damage/>

REFERENCES

1. NHS Improvement. Pressure ulcer core curriculum. Publication code SL 10/18. NHS Improvement, London. 2018. Available online: https://improvement.nhs.uk/documents/2921/Pressure_ulcer_core_curriculum_2.pdf accessed 1st July 2020.
2. Whitlock J. SSKIN bundle: preventing pressure damage across the health-care community. *British Journal of Community Nursing*. 2014; 18:suppl 9: s32-39.
3. McCoullough S. Adapting a SSKIN bundle for carers to aid identification of pressure damage and ulcer risks in the community. *British Journal of Community Nursing*. 2016 June; Suppl:S19 – S25.
4. National Institute for Health and Care Excellence (2014) Pressure ulcers: prevention and management of pressure ulcers. NICE clinical guideline 179. NICE, London.

a	S	S	K	I	N	g
ASSESS RISK	SKIN ASSESSMENT AND SKIN CARE	SURFACE SELECTION AND USE	KEEP PATIENTS MOVING	INCONTINENCE ASSESSMENT AND CARE	NUTRITION AND HYDRATION ASSESSMENT/SUPPORT	GIVING INFORMATION
<ul style="list-style-type: none"> • Assess pressure ulcer risk using a validated tool to support clinical judgment ⁴. • Risk assessment identifies the patient's individual risk of pressure ulcers. • Appropriate care and interventions can be implemented ensuring resources are used appropriately. 	<ul style="list-style-type: none"> • Early inspection means early detection! • Perform regular skin inspections. • Show patients and carers what to look for. 	<ul style="list-style-type: none"> • Ensure the provision of appropriate pressure-reducing or pressure-relieving devices. • Ensure the patient is repositioned at regular intervals to meet their individual healthcare needs. • Consider 30° tilt to position the patient. 	<ul style="list-style-type: none"> • Encourage mobility and regular movement to relieve pressure over bony prominences. • Assist patients who are unable to move independently. 	<ul style="list-style-type: none"> • Keep skin clean and dry. • This may include the use of barrier creams incontinence products and/or emollients. 	<ul style="list-style-type: none"> • Assess nutritional status. • Keep patients well hydrated. • Implement prescribed diet/nutritional supplements. 	<ul style="list-style-type: none"> • Communicate effectively and provide information to patients carers and the multidisciplinary team regarding pressure ulcer prevention (i.e. repositioning equipment nutrition/hydration).