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

The aSSKINg Framework

1. **ASSESS RISK**
   - Assess pressure ulcer risk using a validated tool to reach a Clinical Judgment.
   - Risk assessment identifies the patient’s individual risk of pressure ulcers.
   - Appropriate care and interventions can be implemented according to this assessment.

2. **SKIN ASSESSMENT AND SKIN CARE**
   - Early inspection means early detection!
   - Perform regular skin inspections.
   - Show patients and carers what to look for.

3. **SURFACE SELECTION AND USE**
   - 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 30º tilt to position the patient.

4. **KEEP PATIENTS MOVING**
   - Encourage mobility and regular movement to relieve pressure over bony prominences.
   - Assist patients who are unable to move independently.

5. **INCONTINENCE ASSESSMENT AND CARE**
   - Keep skin clean and dry.
   - This may include the use of barrier creams incontinence products and/or emollients.

6. **NUTRITION AND HYDRATION ASSESSMENT/SUPPORT**
   - Assess nutritional status.
   - Keep patients well hydrated.
   - Implement prescribed nutritional supplements.

7. **GIVING INFORMATION**
   - Communicate effectively and provide information to patients, carers and the multidisciplinary team regarding pressure ulcer prevention (i.e. repositioning equipment nutrition/hydration).

**REFERENCES**

This pocket guide is designed to give you an introduction to PAC mattresses which, in simplistic terms, PAC mattresses can be grouped into either ‘reactive’ or ‘active’ support surfaces (see below).

### Reactive Therapy (pressure reducing)

Reactive therapy includes all static (non-powered) mattresses such as foam and nonpowered hybrids. Broadly speaking ‘reactive therapy’ is used for lower risk patients with a degree of independent mobility. This may include patients with existing superficial pressure ulcers.

### Active Therapy (pressure relieving)

Active therapy includes all powered, alternating-pressure air mattresses (dynamic mattresses) and powered hybrids. These powered mattress systems are more likely to be targeted at higher risk patients, those with greater levels of dependency or who cannot be regularly repositioned, and/or those with existing full thickness pressure ulcers.

The degree to which a mattress reduces or relieves pressure can also depend upon the level of immersion and envelopment offered by the support surface (see images to the right).

When selecting a mattress for your patient please consider:

1. the type of therapy the mattress offers
2. the clinical needs of your patient
3. the level of care/input the patient receives
4. how the mattress you have selected will meet your patient’s pressure area care needs

The three main types of PAC mattresses you are likely to come across are statics, hybrids and dynamic mattresses.

#### STATIC MATTRESSES

**Overview:** Static mattresses reduce pressure across the patient/support surface interface.

**Design:** Static mattresses combine different types of foam and/or involve cuts or castellations on the foam surface. This results in support surfaces which conform to the patient’s body to enhance pressure redistribution by offering partial immersion and envelopment (see previous images).

**Therapy type:** Static mattresses offer reactive therapy and apply a constant, unrelieved pressure to patients’ skin and underlying tissues. This pressure will only be relieved when patients move independently or when they are manually repositioned.

**Typical use:** Patients at lower levels of pressure ulcer risk and/or those with superficial pressure ulcers.

#### HYBRID MATTRESSES

**Overview:** Hybrid mattresses typically combine both foam and air into a single support surface. They are either powered or non-powered.

**Design:** The foam may be encased within individual air cells (see inset image) OR it may lie above the air cells.

**Therapy type:** Non-powered hybrids offer reactive therapy similar to static mattresses (see above). Powered hybrids offer a degree of active therapy to patients, although the level of pressure relief is typically less than that seen with true dynamic mattresses (see below).

**Typical use:** Patients at varying levels of pressure ulcer risk may be nursed on hybrid mattresses, including those with existing pressure ulcers.

#### DYNAMIC MATTRESSES

**Overview:** Dynamic mattresses require an electrically powered pump to periodically cycle air through the mattress, offering patients regular periods of pressure relief and tissue offloading.

**Design:** Dynamic mattresses use a pump to regulate airflow and define specially designed air cells within the mattress. Dynamic mattresses will be either a 1-in-2, 1-in-3 or 1-in-4 cycle and ‘cyclic’ time varies from 7 to 30 minutes. Some Dynamic mattresses have specialist air cells that offer partial immersion and envelopment of patients’ skin and underlying tissues, further reducing the pressure applied to their skin and subcutaneous tissues.

**Therapy type:** Dynamic mattresses offer active therapy and are designed to periodically relieve the pressure on patients’ skin.

**Typical use:** Dynamic mattresses are typically targeted at patients at higher risk of pressure ulcers, and are often used for patients with full thickness pressure ulcers.