

The aSSKINg Framework¹



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 practice², with evidence showing it can help improve clinical care³. 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.

ASSESS RISK

a

- Assess pressure ulcer risk using a validated tool to support clinical judgment⁴.
- Risk assessment identifies the patient's individual risk of pressure ulcers.
- Appropriate care and interventions can be implemented ensuring resources are used appropriately.

SKIN ASSESSMENT AND SKIN CARE

s

- Early inspection means early detection!
- Perform regular skin inspections.
- Show patients and carers what to look for.

SURFACE SELECTION AND USE

s

- 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.

KEEP PATIENTS MOVING

k

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

INCONTINENCE ASSESSMENT AND CARE

i

- Keep skin clean and dry.
- This may include the use of barrier creams incontinence products and/or emollients.

NUTRITION AND HYDRATION ASSESSMENT/SUPPORT

n

- Assess nutritional status.
- Keep patients well hydrated.
- Implement prescribed diet/nutritional supplements.

GIVING INFORMATION

g

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

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-and-prevent-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. McCoulough 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.

Remember...Prevention is better than cure!



#poweringPUprevention

#StopPressureUlcers

#lovegreatskin

#StopThePressure

#aSSKINg

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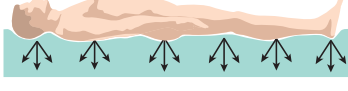
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Understanding Different Types of Pressure Area Care (PAC) Mattresses

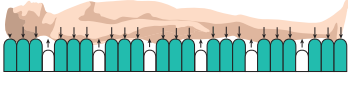
This pocket guide is designed to give you an introduction to PAC mattresses which, in simplistic terms, PAC mattresses can be grouped into either 'reactive' or 'active' support surfaces (see below)

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 mattress you are likely to come across are statics, hybrids and dynamic mattresses.



IMMERSION



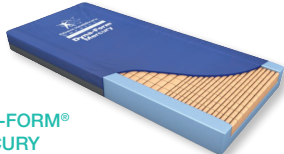
ENVELOPMENT



PARTIAL IMMERSION WITH ENVELOPMENT

STATIC MATTRESSES

DYNA-FORM®
MERCURY



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

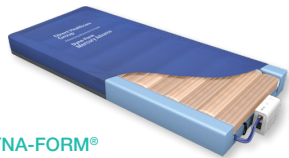
Design: Static mattresses combine different types of foam and/or involve cuts or castellations on the foam surface. This results in support surfaces which conform to the patient's body to enhance pressure redistribution by offering partial immersion and envelopment (see previous images).

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.

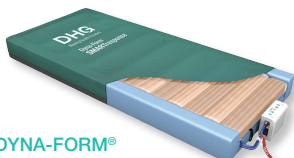
Typical use: Patients at lower levels of pressure ulcer risk and/or those with superficial pressure ulcers.

HYBRID MATTRESSES

DYNA-FORM®
MERCURY ADVANCE



DYNA-FORM®
SMARTRESPONSE



Overview: Hybrid mattresses typically combine both foam and air into a single support surface and 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

QUATTRO®
ACUTE



QUATTRO®
PLUS



DYNA-FORM®
AIR SURESSÉ



CARITAL®
OPTIMA



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 regularly inflate and deflate specially designed air cells within the mattress. Dynamic mattresses will be either a 1-in-2, 1-in-3 or 1-in-4 cell cycle and 'cycle' times can vary from 7 to 30 minutes. Some Dynamic mattresses have specialist air cells that aid partial immersion and envelopment of patients into the support surface, 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.

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NOTE: As a minimum, all static, hybrid and air mattresses designed for pressure ulcer prevention or management should meet the international PAC mattress safety standard ISO20342-1.