# Root Cause Analysis for Pressure Ulcers

**Please complete all sections fully**

<table>
<thead>
<tr>
<th>Site (e.g. Sacrum)</th>
<th>Wound Size please state</th>
<th>Ulcer category</th>
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<td>3.</td>
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**Date of 1st Waterlow score when patient was admitted for this episode of care**

**1st Waterlow Score**

**Where was it carried out?**

**Date of most recent Waterlow before PU identified**

**Waterlow Score**

**Where was it carried out?**

**How often was the Waterlow score carried out before the incident was reported and by whom?**

- Daily
- Alternate days
- every 72 hours
- weekly
- monthly
- other (give details)

**Person completing Waterlow**

**How often is Waterlow score carried out now and by whom**

- Daily
- Alternate days
- every 72 hours
- weekly
- Monthly
- other (give details)

**Person completing Waterlow**

**Skin inspection carried out at each visit?**

- Yes
- No

**Frequency**

**Elimination:**

- Continent
- Catheter

**Incontinent of:**

- urine
- faeces
- both

**Moisture damage?**

- Yes
- No

**Continence aids – describe**

**SSKIN bundles in place?**

- Yes
- No
Patient information: Relevant medical history/brief summary of care (including any relevant medication)

Nutrition and Hydration:
MUST assessment completed and documented?   Yes □ No □ Date:
MUST score
Advice given:
Peg Feeding Yes □ No □ Dietician referral Yes □ No □ Date:

Equipment:
Pressure relieving equipment in place prior to PU?   Yes □ No □ Type
Further pressure-relieving equipment required?   Yes □ No □ Type
Has there been a delay in obtaining equipment? Yes □ No □ Please give reason:
Patient Compliance to using equipment?   Yes □ No □

Level of Mobility:   Independent □ Assistance of :   1 □ 2 □ Bedbound □ Chair bound □
Approximate daily length of time in bed
Approximate daily length of time in chair
Advice given (e.g. Turning regime, pressure relief care, and documented?)
Patient’s compliance to advice:   Yes □ No □

Mental Capacity: Please state if mental capacity has been assessed if patient refused care or advice

Was the care plan in place at the time of detecting this ulcer appropriate? Does the care plan require amendment? Review Date:

Patient Information Leaflet given:   Yes □ No □

Involvement and support of relatives (include if family informed of pressure ulcer)

Please explain the causes of the pressure ulcer e.g. discharge planning, staff knowledge and training, communication, equipment, change in patient’s medical condition, end of life

Is there any indication that there has been a failure to Safeguard the well-being of this patient?
Are there concerns that all reasonable steps have NOT been taken to prevent the pressure ulcer? Yes □ No □
Is the person a Vulnerable Adult?   Yes □ No □
Is there evidence of neglect?   Yes □ No □
If the answer to all 3 questions is Yes then the Adult Safeguarding Procedures must be instigated
**Lessons learnt/ Recommendations (Please complete action plan for all avoidable PUs)**

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<tr>
<th>Actions taken</th>
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<tr>
<th>Patient outcome at time of RCA e.g. transferred, stayed at home, died</th>
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<th>Was the pressure ulcer:</th>
<th>avoidable □</th>
<th>unavoidable □</th>
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<tbody>
<tr>
<td>SV1/SetSaf form completed if indicated? - Date Completed</td>
<td>Date Sent</td>
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<tr>
<td>Signature:</td>
<td>Print Name:</td>
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<td>Designation:</td>
<td>Date:</td>
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**SKIN MATTERS GROUP CONCLUSION**

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<tr>
<th>Pressure Ulcer:</th>
<th>avoidable □</th>
<th>unavoidable □</th>
<th>within EPUT care</th>
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If unavoidable within EPUT care, were there any contributory factors which could have avoided this pressure ulcer?

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<th>Action Plan completed?</th>
<th>Yes □</th>
<th>No □</th>
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**EXECUTIVE SIGN OFF**

| Signature: | Print Name: |
| Designation: | Date: |