

ROOT CAUSE ANALYSIS FOR PRESSURE ULCERS

Please complete all sections fully

Staff name Staff title Service Locality		Reason on case load: Since (date):		
Datix ID: STEIS (admin only):		Date pressure(s) ulcer identified		
		New Pressure ulcer <input type="checkbox"/>		From Choose One..
		Deterioration of existing ulcer <input type="checkbox"/>		
Patient	Patient Age / Sex: , Sex		From: Choose One.. (If RH:)	
	Carers: Choose One..		Compliance: Choose One..	
	Most recent visit by RN before PU identified:		MH Capacity: Choose One..	
<u>Relevant medical history</u>		<u>Relevant medication(s)</u>		<u>Contributory factor(s)</u>
Pressure Ulcer	Site (e.g. Sacrum)		Grade	
	1	Choose One	Choose..	
	2	Choose One If other..	Choose..	
	3	Choose One If other..	Choose..	
	4	Choose One If other..	Choose..	
		Equipment	Before PU identified	
			Mattress Choose One..	
			Cushion Choose One..	
			Other Choose One..	
			After PU identified	
		Mattress Choose One..		
		Cushion Choose One..		
		Other Choose One..		
		Date of equipment upgrade:		
		- If upgraded more than 1 working day after PU identified, please provided details:		
The Patient Information Leaflet has been given to: Patient <input type="checkbox"/> Carers <input type="checkbox"/> Family <input type="checkbox"/>				
Care Plan	Waterlow	Date Score:		Mobility
		First ever W'low		
	Most recent (before PU ID)		Mobility: Choose One..	
	How often was the Waterlow score carried out before the incident? Choose one..By Choose one..		Hours in bed (daily): Hours in chair (daily): Advice given:	
SSKIN	Incontinent of: Choose One..		Most recent score before PU identified:	
	Date of most recent skin inspection before PU identified:		- Date	
	Moisture damage? Yes <input type="checkbox"/> No <input type="checkbox"/>		- Advice	
Assess	Date of last SSKIN:		Peg feeding: Yes <input type="checkbox"/> No <input type="checkbox"/>	
			Dietician referral: Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	
If most recent skin inspection more than 7 days before pressure ulcer identified, please provide details:				
Was the care plan appropriate at the time of the incident? Yes <input type="checkbox"/> No <input type="checkbox"/>				
- If not, please detail why:				

PLEASE ADD ANY ADDITIONAL INFORMATION HERE		
Additional Information	Patient	
	Pressure Ulcer	
	Equipment	
	Care Plan	
	Miscellaneous	
Governance	Is this patient a vulnerable adult? Yes <input type="checkbox"/> No <input type="checkbox"/>	Is there any evidence of neglect? Yes <input type="checkbox"/> No <input type="checkbox"/> <i>Details:</i>
	Have all reasonable steps been taken to prevent the pressure ulcer? Yes <input type="checkbox"/> No <input type="checkbox"/>	Is there any indication that there has been a failure to Safeguard the well-being of this patient? Yes <input type="checkbox"/> No <input type="checkbox"/> <i>Details:</i>
	Was this pressure ulcer avoidable? Yes <input type="checkbox"/> No <input type="checkbox"/> <i>Details:</i>	SV1 / SetSaf form completed? Yes <input type="checkbox"/> No <input type="checkbox"/> <i>Date:</i>
	Please detail lessons learnt / recommendations made:	
	Please detail any immediate actions taken:	

ACTIONS REQUIRED	LEAD	DUE DATE	Update
•	•	•	•

RCA SIGN OFF	
Signature:	Date:

SKIN MATTERS GROUP CONCLUSION
The pressure ulcer is Choose One.. within EPUT care

Signature:	Designation:
Print Name:	Date:

EXECUTIVE SIGN OFF	
Signature:	Designation:
Print Name:	Date: