

ROOT CAUSE ANALYSIS FOR PRESSURE ULCERS
Please complete all sections fully

Name Title Area: SEECHS District NHS No: Datix ID: STEIS (admin only):	Date of first visit:																	
	Reason for referral for current episode of care:																	
	Date pressure(s) ulcer identified																	
	New Pressure Ulcer <input type="checkbox"/> Deterioration of Existing Ulcer <input type="checkbox"/> <i>From Choose One..</i> Regraded DTI <input type="checkbox"/> Medical Device – related Pressure Ulcer <input type="checkbox"/> Moisture Associated Skin Damage <input type="checkbox"/>																	
Patient	Patient Age / Sex: , Sex Carers: Choose One.. Involvement/ support of relatives? Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Family informed of pressure ulcer? Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Relevant medical history <u>Relevant medication(s)</u> <u>Contributory factor(s)</u> • • •	From: Choose One..(If RH:) Compliance: Choose One.. MH Capacity: Choose One.. Most recent visit by RN before PU identified:																
	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:10%;">Site (e.g. Sacrum)</th> <th style="width:20%;">Category</th> <th rowspan="5" style="width:5%; text-align: center; background-color: blue; color: white; writing-mode: vertical-rl; transform: rotate(180deg);">EQUIPMENT</th> <th style="width:65%;">Appropriate equipment before PU? Yes <input type="checkbox"/> No <input type="checkbox"/></th> </tr> </thead> <tbody> <tr> <td>1</td> <td>Choose One <i>If other..</i></td> <td> Mattress Choose One.. Cushion Choose One.. Other Choose One.. </td> </tr> <tr> <td>2</td> <td>Choose One <i>If other..</i></td> <td> Equipment requires upgrading? Yes <input type="checkbox"/> No <input type="checkbox"/> Mattress Choose One.. Cushion Choose One.. Other Choose One.. </td> </tr> <tr> <td>3</td> <td>Choose One <i>If other..</i></td> <td> Upgraded on: If more than 1 working day after pressure ulcer identified, please provide reasoning for delay: </td> </tr> <tr> <td>4</td> <td>Choose One <i>If other..</i></td> <td></td> </tr> </tbody> </table>	Site (e.g. Sacrum)	Category	EQUIPMENT	Appropriate equipment before PU? Yes <input type="checkbox"/> No <input type="checkbox"/>	1	Choose One <i>If other..</i>	Mattress Choose One.. Cushion Choose One.. Other Choose One..	2	Choose One <i>If other..</i>	Equipment requires upgrading? Yes <input type="checkbox"/> No <input type="checkbox"/> Mattress Choose One.. Cushion Choose One.. Other Choose One..	3	Choose One <i>If other..</i>	Upgraded on: If more than 1 working day after pressure ulcer identified, please provide reasoning for delay:	4	Choose One <i>If other..</i>		
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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: First Waterlow – Last Waterlow – How often was the Waterlow score carried out before the incident? Choose one.By Choose one..	Mobility	At the date of the incident - Mobility: Choose One.. Hours in bed (daily): Hours in chair (daily): Advice given:														
	SSKIN	Incontinent of: Choose One.. Moisture damage? Yes <input type="checkbox"/> No <input type="checkbox"/> Date of last SSKIN (before PU):	MUST	Date of last MUST score: - Score: Advice given: Peg feeding: Yes <input type="checkbox"/> No <input type="checkbox"/> Dietician referral: Yes <input type="checkbox"/> No <input type="checkbox"/> - Date:														
	Assess	Was the care plan appropriate at the time of the incident? Yes <input type="checkbox"/> No <input type="checkbox"/> If not, please detail why:																

Duty of Candour	Yes <input type="checkbox"/>	Duty of Candour Additional Commentary:
	No <input type="checkbox"/>	

Additional Information	PLEASE ADD ANY ADDITIONAL INFORMATION HERE	
	Patient	
	Pressure Ulcer	
	Equipment	
	Care Plan	
Governance	Miscellaneous	
	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 actions taken:		

ACTIONS REQUIRED	LEAD	DUE DATE	Update
•	•	•	•

RCA SIGN OFF	
Signature:	Date:

SKIN MATTERS GROUP CONCLUSION
Omissions in Care Choose One.. within EPUT

CHAIR SIGN OFF	
Signature:	Designation: Head of Clinical Integrated Services
Print Name:	Date:

EXECUTIVE SIGN OFF	
Signature:	Designation: Deputy Director of Nursing DIPC
Print Name:	Date: