



## Maternity Pressure Ulcer Prevention – Care Plan

To be completed for a patient who scores 5 or above (triggers at risk) using MPAS score. This must be completed by a qualified midwife.

**Consider:**

If a pressure ulcer occurs;

- Stage pressure ulcer
- Complete IR1 If stage 2 or over,
- Complete a wound assessment chart

**Assessment**

Assess and record MPAS within 4 hours of admission

Reassess and document MPAS at least Daily or more frequently if condition changes e.g. commence epidural, GA Spinal or SRM

Assess skin condition at least each shift change and document. If any break to skin, undertake wound assessment, document and implement wound- care plan.

a. **S**urface

- All patients at risk to be nursed on a high specification foam mattresses
- Assess patient for correct mattress and chair complete seating assessment
  - i. May need alternating mattress if patient at high risk and unable to be repositioned/alter own position, for 2 hours or more
- Ensure equipment used is suitable for patient weight
- If any equipment is refused by the patient this must be documented with the reason why

b. **K**eep moving

- Record how often patient requires repositioning. *2hrly if risk 5 -15, 1hrly if over 15*
- Ensure all reposition is documented or repositioning chart
- Avoid shear and friction when repositioning
- Explain to patient need to change position Involve patient with their care

c. **I**ncontinence / leakage of Liquor

- If patient is incontinent avoid high perfume soap and water for washing as this alters the Ph of the skin
- Use simple soaps for washing following each episode of leakage
- Change bedding and affected clothing after each episode of leakage
- Ensure any pads used fit correctly – do not use plastic draw sheets in the bed
- Only use “inco”. sheets when absolutely necessary

d. **N**utrition

- Promote normal diet and fluids where possible.
- Record any problems taking in normal diet
- Optimise fluid intake to ensure skin fully hydrated

**Specific requirements (record on initial implementation and if risk level changes -)**

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

Signature.....

Designation.....

Date.....

