

Competency framework

Pressure Area Checklist

Competency	Method of Assessment	Assessed (tick)	Assessment date	Comments
Demonstrates competence undertaking hand hygiene	Discussion and Observation by Nurse			
Is able to correctly identify and explain blanching and non-blanching erythema. Is able to explain when to escalate for further advice regarding i.e, increase repositioning frequency/surface	Observation by Nurse			
Can demonstrate knowledge and comprehension on the different stages of pressure ulcers	Discussion with nurse			
Is able to identify the first signs of a pressure ulcer	Discussion with nurse			
Is able to correctly identify areas to check for pressure ulcer damage, including medical device/contracted limbs	Observation by nurse			
Is able to identify and distinguish pressure ulcers from other wounds	Observation and Discussion			
Can identify moisture lesions and differentiate from pressure ulcers, with rationale	Observation by Nurse			

Is able to correctly identify pressure ulcer preventative methods: (A)SSKIN(G) Surface, Keep moving, Skin inspection, Incontinence, Nutrition	Observation and Discussion			
Able to discuss why positioning on the pressure ulcer should be avoided	Discussion with nurse			
Awareness of the different techniques for repositioning and off-loading, including glasses and oxygen tubing (pillows, 30-degree tilt, slide sheet, pressure relieving boots)	Observation by nurse			
Utilises/plans correct repositioning frequency in agreement with patient and carers and methods of documenting this.	Observation by nurse			
Is able to document accurately and in a timely manner	Observation by nurse			
Ability to seek advice if any questions or concerns	Nurse Discussion (Contact Numbers given)			

This is to certify that I.....have completed this competency pressure area checklist. I understand that I must not act beyond my competence and I will ensure my knowledge and skills are kept up to date.

Signature

Date:

Time:

Assessor

This is to certify that has been assessed as competent to perform / undertake the skills of performing pressure area care in adults

Assessor's Name:

Signature:

Designation:

Date:

Time: