SUMMARY OF ALL INPATIENT PRESSURE CLINIC APPOINTMENTS.

Appointment	When seen by PC	Activity	Discussed	ICID Information given
Inpatient 1 st Acute Mobilising (no reported skin marking)	By Day 2 of mobilising (up for 30 mins maximum)	 Baseline Pressure Mapped and weighed Assess size of cushion / postural aspects and action if appropriate. 	The effects of skin damage in relation to exerted pressure and the principles of pressure relief and how limited movement can effect this.	 Mobilising Regime: "Initial mobilising of a SCI patient from the Acute stage"
2 nd	Approx 2 weeks after 1 st appointment	 Review Pressure Mapp and weighed Assess size of cushion / postural aspects and action if appropriate. Assess air cushions if patient has changed posture (from reclined to upright). 	 The patient will be informed verbally of the role of Pressure Clinic and the liaison between ward staff / therapists in relation to their seating / postural needs. Patients must be informed that Wheelchair Services will be contacted generally 6 weeks prior to provisional discharge date, with regards to ordering equipment for discharge 	 Role of Pressure Clinic. Cushion Provision for Patients with SCI. Inform patient to bring learning plan at future appointments.
3rd	Approx 4 weeks after 2 nd appointment	 Weighed. Assess inflation level of air cushions. Skin care education. Patient to bring learning plan 	 The principles of pressure ulcer development and skin care aspects. To discuss skin marking and management in relation to sitting and lying etc. 	Pressure Ulcer Prevention booklet
4 th	Approx 4 weeks after 3 rd appointment	 Weighed. Assess inflation level of air cushions. Cushion care and maintenance. Patient to bring 	 To discuss all aspects of cushion care and maintenance "hands on" including life span / replacements and how to set correctly. 	 Appropriate ICID cushion leaflet. Adjustable air cushion users will require an appropriate setting guide also.

Appointment	When seen by PC	Activity	Discussed	ICID Information given
		learning plan		
Inpatient 1 st Acute / Non Acute Mobilising (with reported skin issues / vulnerable skin)	By Day 2 of mobilising (up for 30 mins maximum)	 Baseline Pressure Mapped and weighed Assess size of cushion / postural aspects and action if appropriate. 	The effects of skin damage in relation to exerted pressure and the principles of pressure relief and how limited movement can effect this.	 Mobilising Regimes depending on extent of skin damage: "Remobilising after a period of bedrest" "Remobilising onto a healed pressure ulcer"
2 nd	Approx 2 weeks after 1 st appointment	 Review Pressure Mapp and weighed Assess size of cushion / postural aspects and action if appropriate. Assess air cushions if patient has changed posture (from reclined to upright). 	 The patient will be informed verbally of the role of Pressure Clinic and the liaison between ward staff / therapists in relation to their seating / postural needs. Patients must be informed that Wheelchair Services will be contacted generally 6 weeks prior to provisional discharge date, with regards to ordering equipment for discharge 	 Role of Pressure Clinic. Cushion Provision for Patients with SCI. Inform patient to bring learning plan at future appointments.
3rd	Approx 4 weeks after date of 2 nd appointment	 Weighed. Assess inflation level of air cushions. Skin care education. Patient to bring learning plan 	 The principles of pressure ulcer development and skin care aspects. To discuss skin marking and management in relation to sitting and lying etc. 	Pressure Ulcer Prevention booklet
4 th	Approx 4 weeks after date of 3 rd	 Weighed. Assess inflation level of air cushions. 	 To discuss all aspects of cushion care and maintenance "hands on" 	Appropriate ICID cushion leaflet.Adjustable air cushion users will

Appointment	When seen by PC	Activity	Discussed	ICID Information given
	appointment	 Cushion care and maintenance. Patient to bring learning plan 	including life span / replacements and how to set correctly.	require an appropriate setting guide also.
1st Outpatient Non Acute Mobilising (following Pressure Ulcer Repair)	By Day 2 of mobilising (up for 30 mins maximum)	 Baseline Pressure Mapped and weighed Assess size of cushion / postural aspects and action if appropriate. 	The effects of skin damage in relation to exerted pressure and the principles of pressure relief and how limited movement can effect this.	 Mobilising Regimes to be given: "Remobilising onto a healed pressure ulcer"
2 nd	When mobilised for 3 hours once a day (By day 12 of Healed Ulcer regime).	 Review Pressure Mapp and weighed Assess size of cushion / postural aspects and action if appropriate. Assess air cushions if patient has changed posture (from reclined to upright). 	 To discuss skin marking and management in relation to sitting and lying etc. Enforce the need to follow the recommended mobilising regime / depending on skin condition. Ensure patient is aware of the risks of skin breakdown as more tension is applied to repaired area / builds up a tolerance to pressure over a longer time period. 	
3rd	When mobilised for 6 hours once a day (By day 18 of Healed Ulcer regime).	 Review Pressure Mapp and weighed Assess inflation level of air cushions. 	 To enforce the need to maintain mobilised at 6 hours until reviewed by Community Liaison Team / Plastics Tissue Viability Team (If following Healed Ulcer regime). 	

Appointment	When seen by PC	Activity	Discussed	ICID Information given
1st Outpatient Non Acute Mobilising (no reported skin marking)	On Day 1 of mobilising if following change of cushion regime (up for 1 hour maximum)	 Baseline Pressure Mapped and weighed Assess size of cushion / postural aspects and action if appropriate. 	The effects of skin damage in relation to exerted pressure and the principles of pressure relief and how limited movement can effect this.	 Mobilising Regime: "Mobilising following a change of cushion"
2nd	Approx 2 weeks after 1 st appointment	 Review Pressure Mapped and weighed Assess size of cushion / postural aspects and action if appropriate. Assess air cushions if patient has changed posture (from reclined to upright). 	 The patient will be informed verbally of the role of Pressure Clinic and the liaison between ward staff / therapists in relation to their seating / postural needs. Patients must be informed that Wheelchair Services will be contacted generally 6 weeks prior to provisional discharge date, with regards to ordering equipment for discharge 	 Role of Pressure Clinic. Cushion Provision for Patients with SCI. Inform patient to bring learning plan at future appointments.
3rd	Approx 4 weeks after 2 nd appointment	 Weighed. Assess inflation level of air cushions. Skin care education. Patient to bring 	 The principles of pressure ulcer development and skin care aspects. To discuss skin marking and management in relation to 	Pressure Ulcer Prevention booklet

		learning plan	sitting and lying etc.	
4 th	Approx 4 weeks after 3 rd appointment	 Weighed. Assess inflation level of air cushions. Cushion care and maintenance. Patient to bring learning plan 	 To discuss all aspects of cushion care and maintenance "hands on" including life span / replacements and how to set correctly. 	 Appropriate icid cushion leaflet. Adjustable air cushion users will require an appropriate setting guide also.