Aneurin Bevan University Health Board

Elective Caesarean Section Pathway

N.B. Staff should be discouraged from printing this document. This is to avoid the risk of out of date printed versions of the document. The Intranet should be referred to for the current version of the document.

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Approved by: Clinical Effectiveness Forum
Owner: Maternity Services

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Ref Number: ABUHB/Category/Number

Contents:

1. Introduction/Overview

This guideline provides guidance to midwives, obstetricians and other health care professionals.

2. Statement- Purpose / Objectives

- To ensure standardised best practice for birthing people pre, intra and post operatively and provide safe and holistic care

- To assess the physical and psychological state of the birthing person so that potential problems can be anticipated and prevented

To minimise post-operative complications

To facilitate enhanced recovery after surgery and timely discharge

To ensure compliance with local and national guidelines

3. Aims

To provide support to clinical decision making
To provide support for evidence-based management

4. Roles and Responsibilities

The maternity management team

5.Monitoring and Effectiveness:

Local service improvement plan will guide monitoring and effectiveness. This policy has undergone an equality impact assessment screening process using toolkit designed by NHS centre Equality and Human rights.

6.Training

- Staff are expected to access appropriate training where provided
- Training needs will be identified through appraisal and clinical supervision.

Initial Assessment: At time of Caesarean booking

Date of Booking……..

Named consultant……..

Booked by……Sign……..

Allergies	

Indication for Caesarean	
Previous Caesareans (number/ indication/complications)	
Other abdominal Surgeries	
Placental Site	
Special considerations/medical conditions/additional procedures:	

Date of Caesarean……..Booked in MDU Diary? Yes ☐ No ☐

Gestation at delivery…… Antenatal Steroids needed? Yes ☐ No ☐

Other fetal concerns?.....Last USS date……

-MRSA swab taken ☐

-Caesarean leaflet given ☐

-Contraception leaflet given ☐

-Advised NOT to shave or wax pubic hair for 10 days prior to surgery ☐

-Hb check at 34-36/40?
Yes ☐ No ☐
Result……
Repeat Hb if required: Yes ☐ N/A ☐

-IV iron required? Yes ☐ No ☐

Date/time for infusion……

Caesarean Risk Score (See appendix)

On antenatal thromboprophylaxis? Yes ☐ No ☐

Time to give last dose……

(Stop prophylactic fragmin 12 hours pre-op and treatment dose 24 hours pre op. Stop Fondaparinex 72 hours preop)

Pre-operative assessment: Midwife

Date……Completed by……Grade……

Signature……Registration number……

HR	Resps	Temp
BP	Sats	Urine dip

FH
CTG (if indicated)

MRSA: Positive ☐ Negative ☐ (If positive, contact on call microbiologist for advice)

Bloods taken: FBC ☐ G&S ☐ **Contact numbers given** ☐

Pre-operative assessment clerking: Doctor

Signature……GMC number……

Consent form completed ☐

Blood group…… Additional antibodies……

Check 2 x G&S samples sent	
Omeprazole 20mg x 2 (Night pre & morning of surgery)	
Instructions for pre-op food/ fluids (energy)	
Medication chart	
Regular medications charted	
Antiembolic stockings prescribed	
Thromboprophylaxis stopping instructions (if applicable- see page 2)	

Diabetes? Yes ☐ No ☐
Type? GDM ☐ Type I ☐ Type II ☐

Metformin ☐ Insulin ☐ Diet ☐

Sliding scale:
Required? Yes ☐ No ☐
Prescribed? Yes ☐ No ☐

Post-natal contraception choice: (circle)

Mirena Implant | TL Copper coil | Depot None | POP Undecided

Obstetric team clerking on day of Caesarean

Date……. Time……Obstetric consultant……..

Consent form validated ☐

Blood: Electronic issue: Yes ☐ No ☐

Crossmatched blood required? Yes ☐ No ☐

RBC Units requested……

HB
Platelets
Blood Group
15% MBL

Presentation scan if required (eg breech/ twins)	
For tubal ligation or Mirena?	
Cell salvage required in theatre?	

Risk Factors Present	**Yes**	**No**	**Comment**
GDM/ Diabetes			? sliding scale insulin required
Asthma			
PET			
Hypertension			Antihypertensives:
IUGR			Dopplers:
Antenatal Thromboprophylaxis			Time of last dose:

Birthing person's wishes:

Birth partner name…….. Relationship……..
Wishes to see baby at delivery Yes ☐ No ☐
Skin to skin Yes ☐ No ☐
Partner to trim cord Yes ☐ No ☐
Sex of baby known? Yes ☐ No ☐ How to discover?……

Other requests:…….

May have clear oral fluids……. Until (time)…….
(Discuss with anaesthetic team if unsure and consider IV fluids if theatre delay)

Clerking completed by (Obstetric team member):

Name……Grade……Sign……GMC……

Midwife/ theatre pre-operative checklist

Name of person completing……..Role……...Sign……

CHECK	Ward	Theatre
Consent Signed		
ID Bracelets ? Red Allergy ?		
Consent for blood products		
Body piercing removed		
Cosmetics/ nail varnish Removed		
Shower/bath prior to surgery		
Antiembolic stockings (TEDS)		

Pre-Operative obs	
Temp	
Heart rate	
BP	
O2 sats	
Resp rate	
Fetal heart	
CTG	

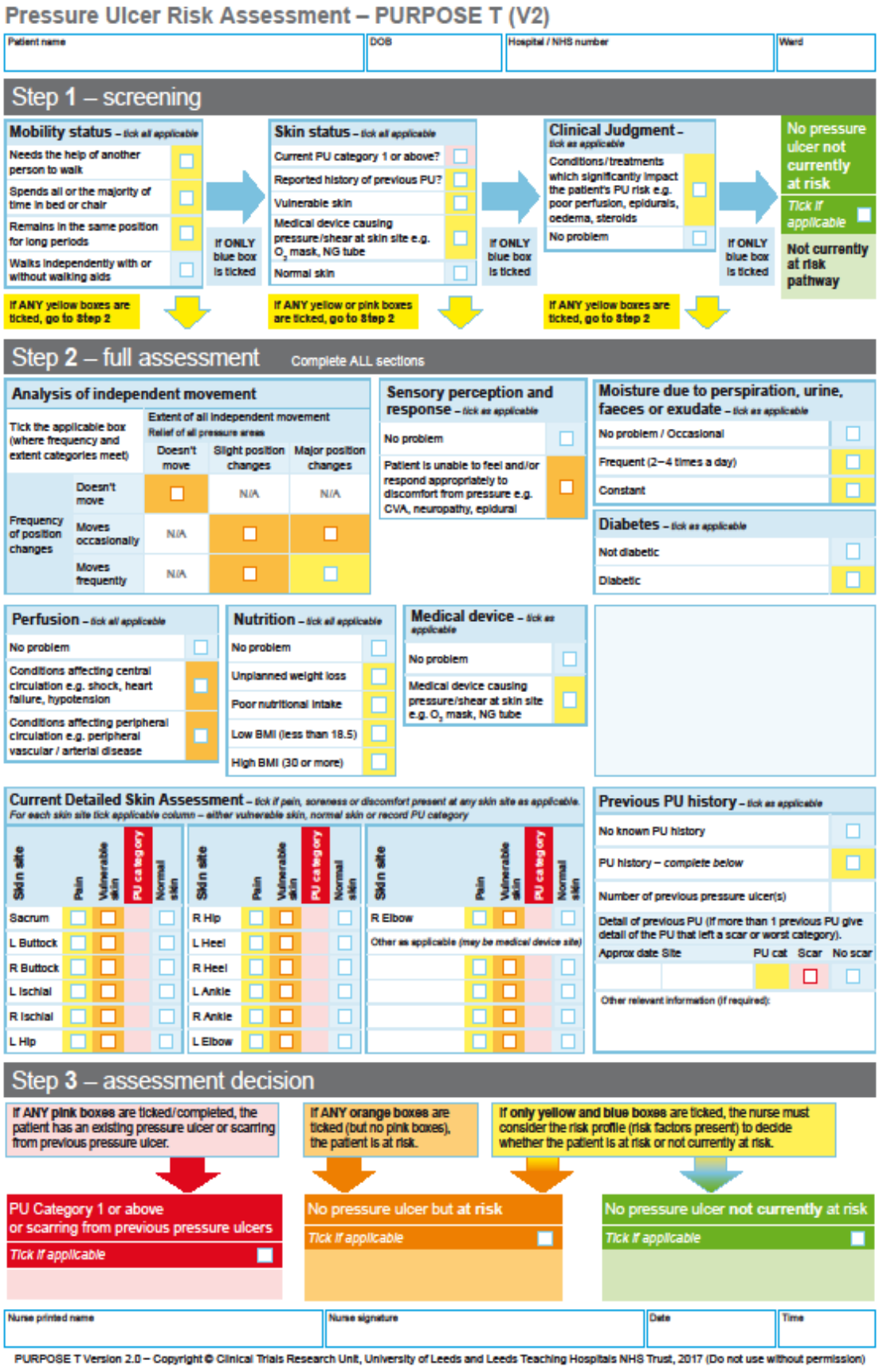
ALLERGIES	

PROSTHESIS	Yes	No
Dentures		
Caps/Crowns		
Loose Teeth		
Hearing Aid		
Spectacles		
Contact Lenses		
Inhalers		
Implants		

Documents	
Medical notes	
Prescription chart	
Anaesthetic chart	
Baby documents	
Armbands	
Vit K consent	IM☐ PO☐
Yes ☐ No ☐	

FASTING	Date	Time
Food		
Fluids		

Neonatal team required?	
Yes	
No	
Time informed	


Pressure Ulcer Risk Assessment – PURPOSE T (V2)
Patient name
DOB
Hospital / NHS number
Ward
Step 1 – screening
Mobility status – tick all applicable
Needs the help of another person to walk
Spends all or the majority of time in bed or chair
Remains in the same position for long periods
Walks independently with or without walking aids
If ONLY blue box is ticked
Skin status – tick all applicable
Current PU category 1 or above?
Reported history of previous PU?
Vulnerable skin
Medical device causing pressure/shear at skin site e.g. O2 mask, NG tube
Normal skin
If ONLY blue box is ticked
Clinical Judgment – tick as applicable
Conditions/treatments which significantly impact the patient's PU risk e.g. poor perfusion, epidurals, oedema, steroids
No problem
If ONLY blue box is ticked
No pressure ulcer not currently at risk
Tick if applicable
Not currently at risk pathway
If ANY yellow boxes are ticked, go to Step 2
If ANY yellow or pink boxes are ticked, go to Step 2
If ANY yellow boxes are ticked, go to Step 2
Step 2 – full assessment
Complete ALL sections
Analysis of independent movement
Tick the applicable box (where frequency and extent categories meet)
Extent of all independent movement
Relief of all pressure areas
Doesn't move
Slight position changes
Major position changes
Frequency of position changes
Doesn't move
Moves occasionally
Moves frequently
N/A
Sensory perception and response – tick as applicable
No problem
Patient is unable to feel and/or respond appropriately to discomfort from pressure e.g. CVA, neuropathy, epidural
Moisture due to perspiration, urine, faeces or exudate – tick as applicable
No problem / Occasional
Frequent (2–4 times a day)
Constant
Diabetes – tick as applicable
Not diabetic
Diabetic
Perfusion – tick all applicable
No problem
Conditions affecting central circulation e.g. shock, heart failure, hypotension
Conditions affecting peripheral circulation e.g. peripheral vascular / arterial disease
Nutrition – tick all applicable
No problem
Unplanned weight loss
Poor nutritional intake
Low BMI (less than 18.5)
High BMI (30 or more)
Medical device – tick as applicable
No problem
Medical device causing pressure/shear at skin site e.g. O2 mask, NG tube
Current Detailed Skin Assessment – tick if pain, soreness or discomfort present at any skin site as applicable.
For each skin site tick applicable column – either vulnerable skin, normal skin or record PU category
Skin site
Pain
Vulnerable skin
PU category
Normal skin
Sacrum
L Buttock
R Buttock
L Ischial
R Ischial
L Hip
R Hip
L Heel
R Heel
L Ankle
R Ankle
L Elbow
R Elbow
Other as applicable (may be medical device site)
Previous PU history – tick as applicable
No known PU history
PU history – complete below
Number of previous pressure ulcer(s)
Detail of previous PU (if more than 1 previous PU give detail of the PU that left a scar or worst category).
Approx date
Site
PU cat
Scar
No scar
Other relevant information (if required):
Step 3 – assessment decision
If ANY pink boxes are ticked/completed, the patient has an existing pressure ulcer or scarring from previous pressure ulcer.
If ANY orange boxes are ticked (but no pink boxes), the patient is at risk.
If only yellow and blue boxes are ticked, the nurse must consider the risk profile (risk factors present) to decide whether the patient is at risk or not currently at risk.
PU Category 1 or above or scarring from previous pressure ulcers
Tick if applicable
No pressure ulcer but at risk
Tick if applicable
No pressure ulcer not currently at risk
Tick if applicable
Nurse printed name
Nurse signature
Date
Time
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In theatre: WHO surgical safety pre-op check list

SIGN IN

(Say out loud after arrival of patient in theatre)

☐ Has the patient confirmed their identity, procedure and consent?

☐ Is the anaesthetic machine and medication check complete?

☐ Does the patient have a known allergy?

☐ Is there a difficult airway risk?

☐ Are blood products available?

☐ Has antacid prophylaxis been given?

☐ Is the resuscitaire checked and ready?

Completed by.....

Role.....

Sign.....

TIME OUT

(Say out loud before skin incision)

☐ Have all the team members introduced themselves by name and role?

Obstetrician:

☐ What additional procedures are planned?

☐ Are there any critical or unusual steps?

☐ Are there any concerns about the placental site?

Anaesthetist:

☐ Are there any anaesthetic concerns?

☐ Have antibiotics been given?

Scrub practitioner:

☐ Has the sterility of instruments been confirmed?

☐ Are there any equipment issues or concerns?

Midwife:

☐ Are cord blood samples needed?

☐ Is the urinary catheter draining?

☐ Has VTE prophylaxis been undertaken?

Completed by.....

Role.....

Sign.....

In theatre: To be completed by Midwife

Time In to theatre	
Time Anaesthetic commenced	
Time Anaesthetic completed (checked and ready)	

Fetal heart checked post anaesthetic ☐ Rate……

Theatre Resuscitaire checked ☐

Checked by: Name……..Signature……..

IV Cannula Insertion			
Date:	**Time:**	**Site:**	
Hand hygiene. ☐	Skin prep. ☐	PPE ☐	Dressing ☐
Inserted by:	Role:	Signature:	

Urinary Catheter Insertion for Elective Caesarean			
DATE: TIME: LOCATION:			
NAME (Print): SIGNATURE:			
INSERTION TECHNIQUE	**YES**	**NO**	**IF NOT – WHY NOT? PLEASE STATE REASON**
• Hand hygiene performed prior to insertion			
• Apron/Gown worn			
• Sterile gloves worn			
• Sterile Field/drapes insitu			
• Urethral meatus cleaned with sterile normal saline			
• Saline/ Instagel lubricant used			
• Balloon inflated with 10ml sterile saline			
Informed Consent			
Eye/facial protection required if risk of splash			
Retention Residual Volume (ml)		Place Catheter tracer stickers here	

Intra operative: To be completed by theatre runner

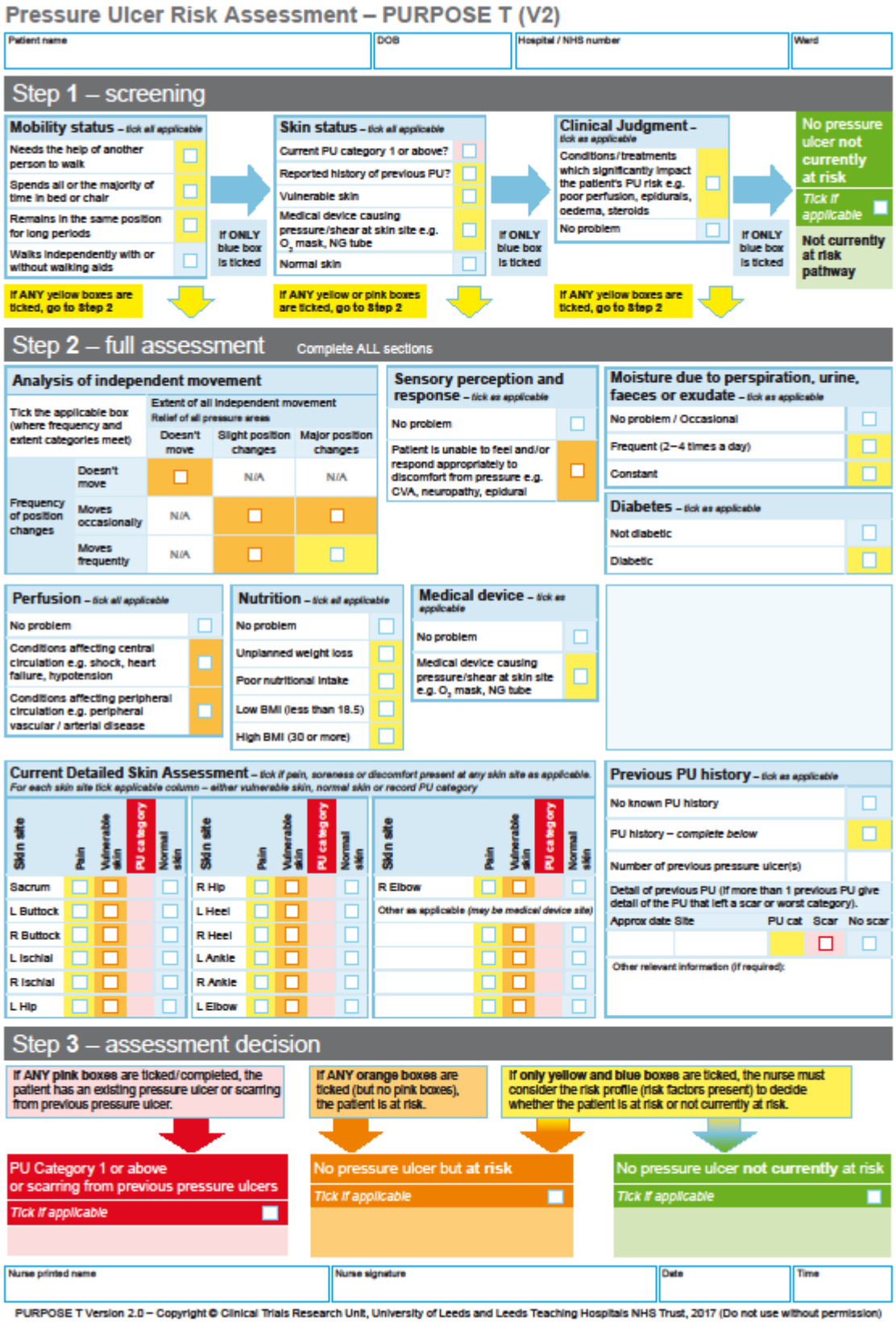
Designation	Name
Supervising consultant	
Surgeon	
Surgical Assistant	
Anaesthetist (1)	
Anaesthetist (2)	
ODP	
Scrub nurse	
HCA/ runner	
Recovery Nurse	
Midwife	
Other	

(Twin 2 in shaded areas)	**Time**
Knife to skin	
Knife to uterus	
Baby/ babies delivered	
Cord clamping	
(Minutes after delivery)	
Placenta(s) delivered	
Skin closed	

Cell salvage used? YES ☐ NO ☐ If yes: Volume collected
Volume reinfused

Total measured blood loss (including cell salvage)

Post operative checklist		
Catheter draining?	Yes ☐ No ☐	Clear ☐ Bloodstained ☐
Drain in situ	Yes ☐ No ☐	Size:
Bakri balloon	Yes ☐ No ☐	Armband ☐
Vaginal pack (s)	Yes ☐ No ☐	Number: Armband(s) ☐
Syntocinon infusion?	Yes ☐ No ☐	
Skin integrity checked?	Yes ☐ No ☐	Comments:
Obs Cymru pathway used?	Yes ☐ No ☐	Completed? Yes ☐ No ☐



Pressure Ulcer Risk Assessment – PURPOSE T (V2)

Patient name | DOB | Hospital / NHS number | Ward

Step 1 – screening

Mobility status – tick all applicable
- Needs the help of another person to walk
- Spends all or the majority of time in bed or chair
- Remains in the same position for long periods
- Walks independently with or without walking aids

If ONLY blue box is ticked

Skin status – tick all applicable
- Current PU category 1 or above?
- Reported history of previous PU?
- Vulnerable skin
- Medical device causing pressure/shear at skin site e.g. O_2 mask, NG tube
- Normal skin

If ONLY blue box is ticked

Clinical Judgment – tick as applicable
- Conditions/treatments which significantly impact the patient's PU risk e.g. poor perfusion, epidurals, oedema, steroids
- No problem

If ONLY blue box is ticked

No pressure ulcer not currently at risk
Tick if applicable
Not currently at risk pathway

If ANY yellow boxes are ticked, go to Step 2

If ANY yellow or pink boxes are ticked, go to Step 2

If ANY yellow boxes are ticked, go to Step 2

Step 2 – full assessment
Complete ALL sections

Analysis of independent movement

Tick the applicable box (where frequency and extent categories meet)		Extent of all independent movement. Relief of all pressure areas: Doesn't move	Slight position changes	Major position changes
Frequency of position changes	Doesn't move		N/A	N/A
	Moves occasionally	N/A		
	Moves frequently	N/A		

Sensory perception and response – tick as applicable
- No problem
- Patient is unable to feel and/or respond appropriately to discomfort from pressure e.g. CVA, neuropathy, epidural

Moisture due to perspiration, urine, faeces or exudate – tick as applicable
- No problem / Occasional
- Frequent (2–4 times a day)
- Constant

Diabetes – tick as applicable
- Not diabetic
- Diabetic

Perfusion – tick all applicable
- No problem
- Conditions affecting central circulation e.g. shock, heart failure, hypotension
- Conditions affecting peripheral circulation e.g. peripheral vascular / arterial disease

Nutrition – tick all applicable
- No problem
- Unplanned weight loss
- Poor nutritional intake
- Low BMI (less than 18.5)
- High BMI (30 or more)

Medical device – tick as applicable
- No problem
- Medical device causing pressure/shear at skin site e.g. O_2 mask, NG tube

Current Detailed Skin Assessment – tick if pain, soreness or discomfort present at any skin site as applicable.
For each skin site tick applicable column – either vulnerable skin, normal skin or record PU category

Skin site	Pain	Vulnerable skin	PU category	Normal skin
Sacrum				
L Buttock				
R Buttock				
L Ischial				
R Ischial				
L Hip				
R Hip				
L Heel				
R Heel				
L Ankle				
R Ankle				
L Elbow				
R Elbow				
Other as applicable (may be medical device site)				

Previous PU history – tick as applicable
- No known PU history
- PU history – complete below
- Number of previous pressure ulcer(s)

Detail of previous PU (if more than 1 previous PU give detail of the PU that left a scar or worst category).

Approx date	Site	PU cat	Scar	No scar

Other relevant information (if required):

Step 3 – assessment decision

If ANY pink boxes are ticked/completed, the patient has an existing pressure ulcer or scarring from previous pressure ulcer.

If ANY orange boxes are ticked (but no pink boxes), the patient is at risk.

If only yellow and blue boxes are ticked, the nurse must consider the risk profile (risk factors present) to decide whether the patient is at risk or not currently at risk.

PU Category 1 or above or scarring from previous pressure ulcers
Tick if applicable

No pressure ulcer but at risk
Tick if applicable

No pressure ulcer not currently at risk
Tick if applicable

Nurse printed name | Nurse signature | Date | Time

Post operative counts checked, and correct?		
Swabs	**Needles**	**Instruments**
Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐

Scrub nurse	Name	Signature
Runner	Name	Signature

Instrument traceability stickers (attach below)

In theatre: WHO surgical safety post-op check list

SIGN OUT

(Say out loud before the woman leaves theatre)

Practitioner verbally confirms with team:

☐ Has the name of the procedure and any additional procedures been recorded?

☐ Are swabs, instruments and sharps correct?

☐ Have specimens been labelled?

☐ Has blood loss been recorded?

Obstetrician, Anaesthetist and Midwife:

☐ Key concerns for recovery?

☐ Has VTE prophylaxis been prescribed?

Anaesthetist and theatre team:

☐ Have any equipment problems been identified that need to be addressed?

Midwife:

☐ Has the baby/babies been labelled?

☐ Have relevant cord bloods been taken?

☐ Have cord gases been recorded?

Completed by.....

Role.....

Sign.....

DATIX required? YES ☐ NO ☐ Completed? YES ☐ NO ☐

DATIX number:..... Completed by:.....

Baby summary and checklist: Midwife

Patient discharged from theatre on ORMIS ☐

(Twin 2 in shaded area if applicable)

Date of birth: **Time of birth:** **Weight:**

Cord pH: Venous Arterial

Apgar scores: 1 min 5 min 10min

Seen by neonatal team? Yes ☐ No ☐ Admitted to SCBU? Yes ☐ No ☐

Abnormalities detected? Yes ☐ No ☐

Comments:……

……

Placenta: Placenta complete? Yes ☐ No ☐

Comments……

Microbiology swabs sent? Yes ☐ No ☐

Placenta sent for histology? Yes ☐ No ☐

Membranes: complete? Yes ☐ No ☐ Comments……

Rh Status: Positive ☐ Negative. ☐ **Kleihaur taken?** Yes ☐ No ☐

(Remember to ensure that samples are labelled at bedside and checked that details are correct before sending to blood bank)

Vitamin K given	Yes ☐ No ☐	IM ☐ Oral ☐
Skin to skin	Yes ☐ No ☐	Time commenced:
First feed	Yes ☐ No ☐	BF ☐ AF ☐ Time:
Observations required	Yes ☐ No ☐	Details:

Completed by: Name……Designation……Sign……

Post-operative care: Recovery

Recovery checklist		
MEOWS commenced	Time:	Normal ☐ Abnormal. ☐
Catheter draining?	Yes ☐ No ☐	Clear ☐ Bloodstained ☐
Skin to skin facilitated	Yes ☐ No ☐	If no, reason:
First feed for baby	Time:	BF ☐ AF ☐
Oral fluids given (aim asap post op*)	Yes ☐ No ☐	Time:
Wound checked	Time:	Intact ☐ Concerns ☐
PV loss checked	Time:	Additional MBL: ml
TOTAL MBL	ml	

Handover to Post Op ward/HDU		
Anaesthetic type		Spinal morphine? Yes ☐ No ☐
Catheter draining?	Yes ☐ No ☐	Plan for removal:
Drain in situ?	Yes ☐ No ☐	Plan for removal:
Bakri balloon?	Yes ☐ No ☐	Plan for removal:
Vaginal pack (s)	Yes ☐ No ☐	Number…….. Plan for removal:
Syntocinon infusion?	Yes ☐ No ☐	Time to stop:
MgSo4 infusion?	Yes ☐ No ☐	Time to stop:
Antibiotics prescribed?	Yes ☐ No ☐	Time to review:
VTE prophylaxis required?	Yes ☐ No ☐	Time to administer:
Comments/ additional info		

Recovery Nurse/midwife	**Name** **Signature**	**POSW Nurse/midwife**	**Name** **Signature**

Post-natal care and discharge

Enhanced recovery after surgical delivery checklist *Routine care in uncomplicated cases unless post operative plan states otherwise			
Eating and drinking	Yes ☐ No ☐	Time:	
Mobilised (Aim within 12 hours*)	Yes ☐ No ☐	Time:	
Venous canula removed? (Aim within 6 hours if no concerns*)	Yes ☐ No ☐	Time:	
Urinary catheter removed (Aim within 6 hours unless otherwise stated*)	Yes ☐ No ☐	Time:	
Urine void meets discharge criteria (If no, refer to failed TWOC pathway*)	Yes ☐ No ☐		
TTH completed (Aim post op day 0)	Yes ☐ No ☐		
FBC taken: (Aim before 10am post op day 1*)	Yes ☐ No ☐	Time:	HB:
POSW **Nurse/midwife**	**Name** **Signature**		

Post-natal contraception		
Advised to avoid pregnancy for at least 12 months post C/S	**Yes ☐ No ☐**	
Contraception discussed	Yes ☐ No ☐	
Contraception choice (Please circle. If Depo or implant given before discharge, record below)	Mirena inserted at C/S POP Declined Copper coil inserted at C/S Deporovera For Mirena/coil >6 weeks post-natal (GP) Implant For COCP >6 weeks post-natal (GP)	
LARC/ prescription given before discharge?	Yes ☐ No ☐	Details:
Advise coil check 6 weeks PN if Mirena/ coil	Yes ☐ No ☐ N/A☐	
POSW **Nurse/midwife/doctor**	**Name** **Signature**	

Obstetric debrief and review		
Patient debriefed (tick one and record details in op note or patient notes)	In theatre ☐ In recovery ☐ On ward ☐	
Suitable for VBAC?	Yes ☐ No ☐	Details of complications
Suitable for midwife led discharge?	Yes ☐ No ☐	
Obstetric review required? (Record on post-natal review proforma)	Yes ☐ No ☐	Completed ☐

Anaesthetic review (recorded separately)	Completed ☐	Suitable for discharge? Yes ☐ No ☐
Anaesthetic team	**Name:** **Signature:**	

Discharge Checklist		
Oral analgesia prescribed	Yes ☐ No ☐	
Oral iron required?	Yes ☐ No ☐	Details:
IV iron infusion required?	Yes ☐ No ☐	Details:
Thromboprophylaxis (assessment completed and fragmin prescribed if applicable)	Yes ☐ No ☐	Details:
Antibiotics (Reviewed and prescribed if applicable)	Yes ☐ No ☐ NA ☐	Details:
Antihypertensives (Reviewed and prescribed if applicable)	Yes ☐ No ☐ NA ☐	Details:
Patients with GDM (Advised to have fasting glucose checked in 6 weeks with GP)	Yes ☐ No ☐ NA ☐	Details:
Regular medications reviewed/prescribed	Yes ☐ No ☐ NA ☐	
Completed by	**Name:** **Signature:**	

Appendix 1: Elective caesarean risk score

Elective Caesarean Section Risk Score Chart	
Breech Maternal request Gestational diabetes/Type 1/ Type 2 Previous 3rd/4th degree tear Previous traumatic delivery Prematurity 34+ to 37 weeks Maternal red cell antibodies requiring X matched blood	Patient score: 1
BMI >35-40 Prematurity 28+0 to 33+6 weeks Small or clinically significant fibroids One previous caesarean section Unstable/transverse lie	Patient score: 2
BMI >40-45 Multiple pregnancy Tubal ligation/salpingectomy/cystectomy 2 x previous caesarean sections Prematurity under 28+0 weeks	Patient score: 3
Previous midline laparotomy Placenta praevia High risk of abdominal adhesions BMI> 45-50 3 x previous caesarean sections Birthing person declining blood products/ cell salvage Spinal injury patient	Patient score: 4
BMI>50 4 or more previous caesarean sections	Patient score: 5
Placenta accreta	Patient score: 6

Appendix 2: Waterlow score tool

WATERLOW PRESSURE ULCER PREVENTION/TREATMENT POLICY

RING SCORES IN TABLE, ADD TOTAL. MORE THAN 1 SCORE/CATEGORY CAN BE USED

BUILD/WEIGHT FOR HEIGHT		SKIN TYPE VISUAL RISK AREAS		SEX AGE		MALNUTRITION SCREENING TOOL (MST) (Nutrition Vol.15, No.6 1999 - Australia	
AVERAGE BMI = 20-24.9	0	HEALTHY TISSUE PAPER	0 1	MALE	1	A - HAS PATIENT LOST WEIGHT RECENTLY YES - GO TO B NO - GO TO C UNSURE - GO TO C AND SCORE 2	B - WEIGHT LOSS SCORE 0.5 - 5kg = 1 5 - 10kg = 2 10 - 15kg = 3 > 15kg = 4 unsure = 2
ABOVE AVERAGE BMI = 25-29.9	1	DRY OEDEMATOUS	1 1	FEMALE	2		
OBESE BMI > 30	2	CLAMMY, PYREXIA	1	14 - 49	1		
BELOW AVERAGE BMI < 20	3	DISCOLOURED GRADE 1 BROKEN/SPOTS GRADE 2-4	2 3	50 - 64	2		
BMI=Wt(Kg)/Ht (m)^2				65 - 74	3	C - PATIENT EATING POORLY OR LACK OF APPETITE 'NO' = 0; 'YES' SCORE = 1	NUTRITION SCORE If > 2 refer for nutrition assessment / intervention
				75 - 80	4		
				81 +	5		

CONTINENCE		MOBILITY	
COMPLETE/ CATHETERISED	0	FULLY	0
URINE INCONT.	1	RESTLESS/FIDGETY	1
FAECAL INCONT.	2	APATHETIC	2
URINARY + FAECAL INCONTINENCE	3	RESTRICTED	3
		BEDBOUND e.g. TRACTION	4
		CHAIRBOUND e.g. WHEELCHAIR	5

SPECIAL RISKS

TISSUE MALNUTRITION		NEUROLOGICAL DEFICIT	
TERMINAL CACHEXIA	8	DIABETES, MS, CVA	4-6
MULTIPLE ORGAN FAILURE	8	MOTOR/SENSORY	4-6
SINGLE ORGAN FAILURE (RESP, RENAL, CARDIAC,)	5	PARAPLEGIA (MAX OF 6)	4-6
PERIPHERAL VASCULAR DISEASE	5	**MAJOR SURGERY or TRAUMA**	
ANAEMIA (Hb < 8)	2	ORTHOPAEDIC/SPINAL	5
SMOKING	1	ON TABLE > 2 HR#	5
		ON TABLE > 6 HR#	8

MEDICATION - CYTOTOXICS, LONG TERM/HIGH DOSE STEROIDS, ANTI-INFLAMMATORY MAX OF 4

SCORE
10+ AT RISK
15+ HIGH RISK
20+ VERY HIGH RISK

Scores can be discounted after 48 hours provided patient is recovering normally