

ADULT PRESSURE ULCER MANAGEMENT CARE PLAN





To be filled in <u>DAILY</u> for all patients at MODERATE to HIGH risk of pressure ulcers

NHS no:
Hospital no:
Surname:
Forename(s):
Gender (M/F):
D.O.B:

week commencing://	YES -			ierrai 🗀		151461 2		Consider Cathetensation
DAILY CHECK:	Mon	Tues	Wed	Thurs	Fri	Sat	Sun	NO – document why not
Air mattress in situ and in working order								
Air boots/wedge in situ to offload heels								
Pressure-relief cushion in situ								
2 full length slide sheets available in bed-space								
Top to toe skin assessment documented on care log								
Repositioning documented on Care Rounding Logs								
Devices and casts protected -comfeel, siltape, gel pads, stat locks								
Emollient/barrier product applied								
Food/fluid charts in situ								
Week commencing://	(Consider	TVN re	ferral \square	Cor	nsider D	ietician	referral Consider catheterisation
DAILY CHECK:	YES - Mon	sign Tues	Wed	Thurs	Fri	Sat	Sun	NO – document why not
Air mattress in situ and in working order								
Air boots/wedge in situ to offload heels								
Pressure-relief cushion in situ								
2 full length slide sheets available in bed-space								
Top to toe skin assessment documented on care log								
Repositioning documented on								
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Review date: December 2025



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