



SKIN INSPECTION

SURFACE

KEEP MOVING

INCONTINENCE

NUTRITION & HYDRATION

To be filled in **DAILY**
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:/...../.....

Consider TVN referral ☐

Consider Dietician referral ☐

Consider catheterisation ☐

DAILY CHECK:	YES – sign							NO – document why not
	Mon	Tues	Wed	Thurs	Fri	Sat	Sun	
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								

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