PRESSURE ULCER RISK ASSESSMENT (Complete within 6 hours of admission)

STEP 1 – SCREENING (Tick all applicable)

Mobility:
Independently and frequently moving and walking
Requires assistance to mobilise
Remains in the same position for long periods
Spends most or all of the time in the bed/chair

If ONLY blue box is ticked →

Skin inspection:
Current PU(s) or DTI(s)?
History of previous PU(s)?
Medical devices in situ?
Vulnerable skin and/or previous pressure ulcer(s)?
Normal skin

If ONLY blue box is ticked →

Clinical judgement:
Conditions/treatments significantly impacting PU risk, eg poor perfusion, oedema, steroids
No specific vulnerabilities to pressure ulceration

If ONLY blue box is ticked →

NOT CURRENTLY AT RISK

CARE PLAN NOT NEEDED AT PRESENT

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)

Mobility:	Frequent significant position changes	Makes small position changes	Doesn't move
Sensation:	No problems	Unable to feel or respond to pressure appropriately, eg due to CVA, neuropathy, epidural etc	
Moisture:	No problems	Frequent (wet/moist 2-4 times per day)	Constantly wet/moist
Perfusion:	No problems	Conditions affecting central circulation (eg shock, heart failure, hypotension)	Conditions affecting peripheral circulation (eg PVD)
Nutrition:	No problems	Unplanned weight loss / Poor intake / BMI ≤18.5 / BMI ≥30	
Diabetes:	Not diabetic	Diabetic	
Devices:	No problems	Medical or personal device causing pressure/shear to skin (eg glasses, O_2 mask, NG tube etc)	
Previous PUs:	No known history	History of PU: – Category:___ – Site:_____ – Approx date:_____	Scar present

Current skin assessment:

	Sacrum	L buttock	R buttock	L hip	R hip	L heel	R heel	L ankle	R ankle	L elbow	R elbow	Other – please state: _____	_____	_____
Normal skin														
Pain														
Vulnerable skin														
Current PU or DTI														

STEP 3 – DECISION

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

HIGH RISK

START PRESSURE ULCER CARE PLAN
Follow all measures and sign daily

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

MODERATE RISK

START PRESSURE ULCER CARE PLAN
Follow all measures and sign daily

If **ONLY yellow and blue** boxes are ticked, use clinical judgement to determine risk →

LOW RISK

NO CARE PLAN REQUIRED AT PRESENT

REASSESS ONCE WEEKLY, ON LOCATION MOVE, OR IF CONDITION CHANGES

Sign and stamp:	RN counter signature (if necessary):	Date:	Time: