

## Step 1 - screening

<p><b>Mobility status</b> - tick all applicable</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>Walks independently with or without walking aids</td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td>Needs the help of another person to walk</td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td>Spends all or the majority of time in bed or chair</td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td>Remains in the same position for long periods</td><td style="text-align: center;"><input type="checkbox"/></td></tr> </table> <p style="text-align: center; background-color: #f0f0f0;">If <b>ANY</b> yellow boxes are ticked, <b>go to Step 2</b></p>	Walks independently with or without walking aids	<input type="checkbox"/>	Needs the help of another person to walk	<input type="checkbox"/>	Spends all or the majority of time in bed or chair	<input type="checkbox"/>	Remains in the same position for long periods	<input type="checkbox"/>	<p>➔</p> <p>If <b>ONLY</b> blue box is ticked</p>	<p><b>Skin status</b> - tick all applicable</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>Normal skin</td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td>Current PU category 1 or above?</td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td>Reported history of previous PU?</td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td>Vulnerable skin e.g. redness, dryness, paper thin, moist</td><td style="text-align: center;"><input type="checkbox"/></td></tr> </table> <p style="text-align: center; background-color: #f0f0f0;">If <b>ANY</b> yellow or pink boxes are ticked, <b>go to Step 2</b></p>	Normal skin	<input type="checkbox"/>	Current PU category 1 or above?	<input type="checkbox"/>	Reported history of previous PU?	<input type="checkbox"/>	Vulnerable skin e.g. redness, dryness, paper thin, moist	<input type="checkbox"/>
Walks independently with or without walking aids	<input type="checkbox"/>																	
Needs the help of another person to walk	<input type="checkbox"/>																	
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Reported history of previous PU?	<input type="checkbox"/>																	
Vulnerable skin e.g. redness, dryness, paper thin, moist	<input type="checkbox"/>																	

No pressure ulcer  
**not currently at risk**

Tick if applicable

**Not currently at risk pathway**

## Step 2 - full assessment

Complete ALL sections

<p><b>Analysis of independent movement</b></p> <p>Tick the applicable box (where frequency and extent categories meet)</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="2" rowspan="2"></th> <th colspan="3">Extent of independent movement Relief of all pressure areas</th> </tr> <tr> <th>Doesn't move</th> <th>Slight position changes</th> <th>Major position changes</th> </tr> <tr> <th rowspan="3">Frequency of position changes</th> <th>Doesn't move</th> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;">N/A</td> <td style="text-align: center;">N/A</td> </tr> <tr> <th>Moves occasionally</th> <td style="text-align: center;">N/A</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <th>Moves frequently</th> <td style="text-align: center;">N/A</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>			Extent of independent movement Relief of all pressure areas			Doesn't move	Slight position changes	Major position changes	Frequency of position changes	Doesn't move	<input type="checkbox"/>	N/A	N/A	Moves occasionally	N/A	<input type="checkbox"/>	<input type="checkbox"/>	Moves frequently	N/A	<input type="checkbox"/>	<input type="checkbox"/>	<p><b>Sensory perception and response</b> tick as applicable</p> <p>No problem <input type="checkbox"/></p> <p>Patient is unable to feel and/or respond appropriately to discomfort from pressure <input type="checkbox"/></p>	<p><b>NPUAP/EPUAP Pressure Ulcer Classification System (2009)</b></p> <p><b>Category I:</b> Non-blanchable redness of intact skin</p> <p><b>Category II:</b> Partial thickness skin loss or blister</p> <p><b>Category III:</b> Full thickness skin loss (fat visible)</p> <p><b>Category IV:</b> Full thickness tissue loss (muscle/bone visible)</p> <p><b>Category U:</b> (Unstageable/Unclassified): full thickness skin or tissue loss - depth unknown</p> <p>For descriptions please see full classification system (NPUAP/EPUAP 2009)</p>
			Extent of independent movement Relief of all pressure areas																				
		Doesn't move	Slight position changes	Major position changes																			
Frequency of position changes	Doesn't move	<input type="checkbox"/>	N/A	N/A																			
	Moves occasionally	N/A	<input type="checkbox"/>	<input type="checkbox"/>																			
	Moves frequently	N/A	<input type="checkbox"/>	<input type="checkbox"/>																			

**Current Detailed Skin Assessment** - tick applicable column for **each skin site**. Record the category of current PU if applicable.

Skin site	Normal skin	Vulnerable skin (precursor to PU eg. red, dry, moist, paper thin)	PU category (NPUAP/EPUAP)	Skin site	Normal skin	Vulnerable skin (precursor to PU eg. red, dry, moist, paper thin)	PU category (NPUAP/EPUAP)	Skin site	Normal skin	Vulnerable skin (precursor to PU eg. red, dry, moist, paper thin)	PU category (NPUAP/EPUAP)
L Buttock	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	L Heel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other - detail below if applicable			
R Buttock	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	R Heel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
L Ischial	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	L Ankle	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
R Ischial	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	R Ankle	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
L Hip	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	L Elbow	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				

**Previous PU history**  
tick as applicable

No known PU history <input type="checkbox"/>			
PU history - complete below			
Approx date	Site	PU cat (NPUAP/EPUAP)	Scar (if applicable)
			<input type="checkbox"/>

**Moisture due to perspiration, urine, faeces or exudate** - tick as applicable

No problem/Occasional	<input type="checkbox"/>
Frequent (2-4 times a day)	<input type="checkbox"/>
Constant	<input type="checkbox"/>

**Diabetes** - tick as applicable

Not diabetic	<input type="checkbox"/>
Diabetic	<input type="checkbox"/>

**Perfusion** - tick all applicable

No problem	<input type="checkbox"/>
Conditions affecting central circulation eg. shock, heart failure, hypotension	<input type="checkbox"/>
Conditions affecting peripheral circulation eg. peripheral vascular/arterial disease	<input type="checkbox"/>

**Nutrition** - tick all applicable

No problem	<input type="checkbox"/>
Unplanned weight loss	<input type="checkbox"/>
Poor nutritional intake	<input type="checkbox"/>
Low BMI (less than 18.5)	<input type="checkbox"/>
High BMI (30 or more)	<input type="checkbox"/>

## Step 3 - assessment decision

<p>If <b>ANY</b> pink boxes are ticked/completed, the patient has an existing pressure ulcer or scarring from previous pressure ulcer.</p> <p>↓</p>	<p>If <b>ANY</b> orange boxes are ticked (but no pink boxes), the patient is at risk.</p> <p>↓</p>	<p>If <b>only</b> 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.</p> <p>↓</p>
<p><b>PU Category 1 or above or scarring from previous pressure ulcers</b></p> <p>Tick if applicable <input type="checkbox"/></p> <p><b>Secondary prevention and treatment pathway</b></p>	<p><b>No pressure ulcer but at risk</b></p> <p>Tick if applicable <input type="checkbox"/></p> <p><b>Primary prevention pathway</b></p>	<p><b>No pressure ulcer not currently at risk</b></p> <p>Tick if applicable <input type="checkbox"/></p> <p><b>Not currently at risk pathway</b></p>