Waterlow Risk Assessment Score

Circle appropriate score for	Date of assessment							
each factor then total	Time of assessment		191					
Sex								
	Male	1	1	1	1	1	1	1
A co:	Female	2	2	2	2	2	2	2
Age:	14-49	1	1	1	1	1	1	1
	50-64	2	2	2	2	2	2	2
	65-74	3	3	3	3	3	3	3
	75-80	4	4	4	4	4	4	4
- 114 - interfer baight	81+	5	5	5	5	5	5	5
Build/weight for height	Average (BMI 20-24.9)	0	0	0	0	0	0	0
	average (BMI 25-29.9)	1	1	1	1	1	1	1
	Obese (BMI>30)	2	2	2	2	2	2	2
	low average (BMI<20)	3	3	3	3	3	3	3
Continence								
C	Complete/catheterised	0	0	0	0	0	0	0
	Urine incontinence	1	1	1	1	1	1	1
	Faecal incontinence	2	2	3	3	3	3	2
Skin type and visual risk area	Double incontinence		3		all/any tha		3	3
Skill type and visual risk disk	Healthy	0	0	0	0	0 0	0	0
	Tissue paper	1	1	1	1	1	1	1
	Dry	1	1	1	1	1	1	1
	Oedematous		1	1	1	1	1	1
Clammy, Pyrexia		1	1	1	1	1	1	1
	Erythema (Category 1)	2	2	5	5	5	2	5
Broken/spots including Mobility	J D.T.I (Category 2-4)	5	5	3	3	3	5	5
Modificy	Full	0	0	0	0	0	0	0
	Restless/fidgety	1	1	1	1	1	1	1
	Apathetic	2	2	2	2	2	2	2
	Restricted	3	3	3	3	3	3	3
	dbound (e.g. traction)	4	4	4	4	4	4	4
	ound (e.g. wheelchair)	5 If male	5	5 2 rofe	5	5	5	5
Malnutrition	NI recent woight loss				er for diete	etic assessm	nent/inter	rvention 0
	No recent weight loss Loss 0.5-5kg	0	0	0	1	1	1	1
	Loss 5-10kg	2	2	2	2	2	2	2
	Loss 10-15kg	3	3	3	3	3	3	3
	Loss >15kg	4	4	4	4	4	4	4
	Unsure of weight loss	2	2	2	2	2	2	2
Eating poorly or lack of appe		0	0	0	0	0	0	0
	Yes	1	1	1	1	1	1	1
Special risks Tissue Malnutrition				Select	all/any tha	t apply		
Tissue Malnutrition Terminal cachexia		8	8	Select a	8	8 8	8	8
	Multi-organ failure	8	8	8	8	8	8	8
	Single organ failure	5	5	5	5	5	5	5
Peripheral vascular disease		5	5	5	5	5	5	5
Anaemia (Hb<80gl)		2	2	2	2	2	2	2
Smoking		1	1	Scot	re 5 if any a	- he	1	
Neurological deficit Diabetes, Multiple Sclerosis, Stroke, Motor/sensory								
	STOKE, MUDICIPACITARIA	5	5	5	5	5	5	5
	loss or paraplegia							3
Diabetes, Multiple Sclerosis, S Medication At risk medication e.g. Cyt	loss or paraplegia	3	2	2	2	2	2	-
Diabetes, Multiple Sclerosis, S Medication At risk medication e.g. Cythigh does steroic	loss or paraplegia	3	3	3	3	3	3	-
Diabetes, Multiple Sclerosis, S Medication At risk medication e.g. Cythigh does steroic Major surgery or trauma	loss or paraplegia rtotoxics, long term or ds, Anti-inflammatory			Select a	all/any tha	at apply		
Medication At risk medication e.g. Cythigh does steroic Major surgery or trauma Below waist	loss or paraplegia rtotoxics, long term or ds, Anti-inflammatory orthopaedic or spinal	5	5	Select a	all/any tha	at apply	5	5
Diabetes, Multiple Sclerosis, S Medication At risk medication e.g. Cythigh does steroice Major surgery or trauma Below waist of	rtotoxics, long term or ds, Anti-inflammatory orthopaedic or spinal On table > 2 hours *	5 5	5 5	Select a	all/any tha	at apply 5	5	5
Diabetes, Multiple Sclerosis, S Medication At risk medication e.g. Cythigh does steroice Major surgery or trauma Below waist of	loss or paraplegia rtotoxics, long term or ds, Anti-inflammatory orthopaedic or spinal	5	5	Select a	all/any tha 5 5	at apply	5 5 8	5 8
Diabetes, Multiple Sclerosis, S Medication At risk medication e.g. Cythigh does steroice Major surgery or trauma Below waist of the state of the	loss or paraplegia rtotoxics, long term or ds, Anti-inflammatory orthopaedic or spinal On table > 2 hours * On table > 6 hours *	5 5	5 5	Select a	all/any tha 5 5	at apply 5 5 8	5 5 8	5 8
Diabetes, Multiple Sclerosis, S Medication At risk medication e.g. Cythology high does steroic Major surgery or trauma Below waist of the Major Surgery or Trauma Below Waist of the Major Surgery or Trauma	loss or paraplegia rtotoxics, long term or ds, Anti-inflammatory orthopaedic or spinal On table > 2 hours * On table > 6 hours * ERY HIGH RISK (20+) AT HIGH RISK (15+)	5 5	5 5	Select a	all/any tha 5 5	at apply 5 5 8	5 5 8	5 8
Diabetes, Multiple Sclerosis, S Medication At risk medication e.g. Cythigh does steroice Major surgery or trauma Below waist of the state of the	loss or paraplegia rtotoxics, long term or ds, Anti-inflammatory orthopaedic or spinal On table > 2 hours * On table > 6 hours *	5 5	5 5	Select a	all/any tha 5 5	at apply 5 5 8	5 5 8	5 8

Guidelines for Completion of Waterlow Risk Assessment Score

Waterlow risk assessment should be performed:

At initial assessment within 6 hours of admission.

and:

At least weekly

Or:

- If there is a change in an individual's condition or circumstances
- If there is a change in carer or care setting
- If the risk status remains high

Assigning a numerical value to each of the following categories:

SAY

Age

BMI

• Make an estimate of Weight/height when patients' condition prevents accurate measurement

Continence

Skin type - Score all that apply

- Note any oedematous (swelling) clammy (moisture) or pyrexia (high temperature)
- Record Category (Grade) 1 pressure ulcer
- Broken spot to include any pressure ulceration Category (Grade) 2 or above (including D.T.I)

Mobility - Score must appropriate

- Restlessness increases risk of damage from shear or friction
- Apathetic records lack of interest or motivation patient less likely to mobilise

Malnutrition-Weight loss

- Record unintentional weight loss
- Note any lack of appetite
- Patients receiving naso-gastric tube feed or TPN should be coded as "No" score 0

Special Risks

Tissue malnutrition - Score all that apply

• Terminal cachexia-weakness and wasting of the body due to an end of life illness

Neurological deficit-

- Score 5 if the patient has any of the conditions listed
- For Diabetic patients who are unaware of their neuropathic status assume lower limb neuropathy until testing can be completed

Major surgery or trauma-Score all that apply

• Relates to the first 48 hours following surgery or any procedure (e.g. X-ray) where the patient is immobile.

Medication-score is 3 for any patient taking medication listed below

- For example
 - Patients taking cytotoxic therapy and steroids score 3
 - Patients on long term / high dose steroids score 3
 - Anti-inflammatory medication is a lower risk score but score as 3
- Patients who are unstable and on medication listed are at greater risk of developing pressure ulceration.
 Use your clinical judgement when evaluating risk

Risk factors should be addressed and where possible reduced in the plan of care Reassessment, care and equipment review should be planned, regular and documented

Waterlow score is an indicator of risk but does not override clinical judgement. Provide a support surface matched to an individual's needs. The following guidance may be helpful

At risk 10+ Hospital foam mattress and chair with integral specialist foam and complete a Care Plan.

At high-risk 15+ Consider the use of dynamic mattress replacement and/or an alternating cell seat cushion.

Complete a Care plan

Very high risk 20+ Implement use of a dynamic mattress replacement system and/ or an alternating cell seat

cushion. Complete a Care plan