Pressure Ulcer Classification /Skin assessment for at Risk Areas - record skin assessment and/or ulcer category (grade) at least daily.

Skin Assessment Codes

O = normal skin/no damage
P = painful area
S = swelling
R = redness -blanching
ML = moisture lesion
N/A = patient independent
LC = localised skin temperature change: hot or cold

Document any pressure damage using EPUAP categories 1-4, ungradeable and DTI

Positioning codes:

R = Right side
L = Left side
ST = Stood (min 2 mins)
RT = Right 30 degree tilt
LT = Left 30 degree tilt
B = Back (supine)
F = Front (Prone)
BU = Back sitting up
TH = Receiving Therapy
N/A = Patient Independent
PD = patient declined
Profiling Bed: **C** = Chair Position **HT** = Head Tilt **FT**= Foot Tilt
Sat out = **SO** Restrict sitting periods to a maximum of two hours at a time for at risk patients, and one hour at a time for patients with pressure damage in the seated area.

Date	Morning Check	Afternoon Check	Night Check
Time			
Completed by (Print Name)			
Sacrum			
Right Hip			
Left Hip			
Right Buttock			
Left Buttock			
Right Heel			
Left Heel			
Right Ear			
Left Ear			
Spine			
Other			

3 skin checks per day document morning - afternoon & night.
IF NOT REQUIRED CLEARLY DOCUMENT REASON.

Patient Repositions Information

Time	Position	Print Name / Signature