Guy's and St Thomas' NHS
NHS Foundation Trust
Community Health Service

Pressure Ulcer Risk Assessment Form

Name: **D.O.B.**

ACTIONS	SCORE <15: Low-Medium Risk	16-22 AT RISK: If no pressure damage consider Memory foam (bed650)	<23 HIGH RISK:
	Foam replacement (bed302) max weight 28 stone (180kg) Foam overlay (bed300) Maximum weight 17 stone (108kg) **Reassess monthly, weekly if condition changes**	Max weight 37 stone (232kg) Or Repose mattress (bed552) Max weight 22 stone (140kg). Consider chair cushion. Eclipse overlay. (bed551) 23 stone (147kg) if grade 2 and above consider dynamic chair cushion. **Record on Datix grade 2 and above** **Assess weekly if pressure damage:**	Talley Quattro (bed623) Treatment up to grade 3 pressure ulcer max weight 32 stone (202kg). Dynamic cushion for chair. **Very high risk. Bed bound patient with pressure damage.** Karomed (bed755) minimum weight 3 stone. maximum weight 32 stone (202kg) **Record on Datix. Assess weekly.**

Date & Signature	Grade	Position of Pressure Ulcer	Datix Report (grade2+)
			Yes / No
			Yes / No
			Yes / No

Date	Mattress & Cushion Ordered	Yes/No	Signature

MUST nutrition risk assessment					Action	
Date>						
Height (m)						
Weight (kg)					Score	Do this
BMI (kg/m²)					0	**Low Risk:** Repeat screen in a month
1. BMI score >20 = 0 18.5-20 = 1 <18.5 = 2					1	**Medium Risk (observe)** *Repeat screen in a week
2. Weight loss score <5% = 0 5-10% = 1 >10% = 2					2	**High Risk (Treat)** *Initiate poor appetite protocol *If no improvement in 3 days refer to dietician
3. Acute illness score Y = 2					***All patients on tube feeds should be referred to the dietician***	
MUST score 1 + 2 + 3 Sign:					**All patients with suspected swallow impairment should have full swallow risk assessment completed i.e. full risk assessment document**	

Patient's Name .....

Waterlow Pressure Ulcer Risk Assessment Form		(Review monthly if stable, sooner if patients condition changes)			
		Date	**Date**	**Date**	**Date**
Non Blanching Erythema or Stage 2-4 Pressure Ulcer Present (High Risk)					
Build / Weight for Height: BMI= Wt(Kg)/Ht(M)^2	**Score**				
BMI Average (20 - 24.9)	0				
BMI Above Average (25 - 29.9)	1				
BMI Obese (≥ 30)	2				
BMI Below Average(≤ 20)	3				
Continence					
Complete / Catheterised	0				
Urine Incontinence	1				
Faecal incontinence	2				
Urinary and faecal incontinence	3				
Skin Type					
Healthy	0				
Tissue Paper	1				
Dry	1				
Oedematous	1				
Clammy, Pyrexia	1				
Discoloured (Grade/Stage 1)	2				
Broken / Spot (Grade / Stage 2-4)	3				
Mobility					
Full	0				
Restless / Fidgety	1				
Apathetic	2				
Restricted	3				
Bedbound e.g. Traction	4				
Chair bound e.g. Wheelchair	5				
Sex / Age					
Male	1				
Female	2				
14-49	1				
50-64	2				
65-74	3				
75-80	4				
81+	5				
Malnutrition Screening tool (MUST) Nutrition Vol.15, NO.6 1999 – Australia					
A- Has patient lost weight recently					
Yes – go to B No – go to C Unsure – go to C and score 2					
B- Weight loss score					
0.5-5kgs	1				
5*-10kgs	2				
10-15kgs	3				
>15kgs	4				
C- Patient eating poorly or lack of appetite					
No	0				
Yes	1				
Nutrition score: if >2 refer for nutrition assessment /intervention					
Tissue Malnutrition					
Terminal Cachexia / Multiple organ failure	8				
Single organ failure (resp,renal,cardiac) / Peripheral vascular disease	5				
Anaemia (Hb <8)	2				
Smoking	1				
Neurological Deficit					
Diabetes, MS, CVA	4-6				
Motor / Sensory	4-6				
Paraplegia (Max of 6)	4-6				
Major Surgery / Trauma					
Orthopaedic / Spinal	5				
On table > 2 hrs	5				
On table > 6 hrs	8				
Medication					
Cytotoxics/long term/high dose steroids, anti inflammatory	4				
TOTAL SCORE:					
Sign and print name					