

NHS Number
Hospital No.
Forename(s)
Surname
Date of Birth DD / MM / YYYY
Address

Postcode:

PURPOSE T PRESSURE ULCER RISK ASSESSMENT

NHS Wales v2.1 (24/07/2020)



GIG
CYMRU
NHS
WALES

Step 1 – screening

Mobility status – tick all applicable

Needs the help of another person to walk

Spends all or the majority of time in bed or chair

Remains in the same position for long periods

Walks independently with or without walking aids

If ONLY blue box is ticked

Skin status – tick all applicable

Current PU category 1 or above?

Reported history of previous PU?

Vulnerable skin

Medical device causing pressure/shear at skin site e.g. O₂ mask, NG tube

Normal skin

If ONLY blue box is ticked

Clinical Judgement – tick as applicable

Conditions / treatments which significantly impact the patient's PU risk e.g. poor perfusion, epidurals, oedema, steroids

No problem

If ONLY blue box is ticked

No pressure ulcer not currently at risk

Tick if applicable

Not currently at risk pathway

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

Analysis of independent movement

Tick the applicable box (where frequency and extent categories meet)

		Extent of all 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"/>

Sensory perception and response – tick as applicable

No problem

Patient is unable to feel and/or respond appropriately to discomfort from pressure e.g. CVA, neuropathy, epidural

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

No problem / Occasional

Frequent (2 – 4 times a day)

Constant

Diabetes – tick as applicable

Not diabetic

Diabetic

Perfusion – tick all applicable

No problem

Conditions affecting central circulation e.g. shock, heart failure, hypotension

Conditions affecting peripheral circulation e.g. peripheral vascular / arterial disease

Nutrition – tick all applicable

No problem

Unplanned weight loss

Poor nutritional intake

Low BMI (less than 18.5)

High BMI (30 or more)

Medical device – tick as applicable

No problem

Medical device causing pressure/shear at skin site e.g. O₂ mask, NG tube

Vulnerable skin (precursor to PU) e.g. blanchable redness that persists, dryness, paper thin, moist. NPUAP / EPUAP Pressure Ulcer Classification System (2014)

Cat 1 Non-blanchable redness of intact skin

Cat 2 Partial thickness skin loss or clear blister

Cat 3 Full thickness skin loss (fat visible/ slough present)

Cat 4 Full thickness tissue loss (muscle/bone visible)

Cat U (Unstageable/Unclassified): full thickness skin or tissue loss - depth unknown

Suspected Deep Tissue Injury (Depth Unknown)

Purple localized area of discoloured intact skin or blood-filled blister

Current Detailed Skin Assessment – tick if pain, soreness or discomfort present at any skin site as applicable.
For each skin site tick applicable column – either vulnerable skin, normal skin or record PU category

Skin site	Vulnerable skin				Normal skin	Skin site	Vulnerable skin				Normal skin	Skin site	Vulnerable skin				Normal skin
	Pain	Vulnerable skin	PU category	Normal skin			Pain	Vulnerable skin	PU category	Normal skin			Pain	Vulnerable skin	PU category	Normal skin	
Sacrum	<input type="checkbox"/>	R Hip	<input type="checkbox"/>	R Elbow	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>									
L Buttock	<input type="checkbox"/>	L Heel	<input type="checkbox"/>	Other as applicable (may be medical device site)													
R Buttock	<input type="checkbox"/>	R Heel	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>									
L Ischial	<input type="checkbox"/>	L Ankle	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>									
R Ischial	<input type="checkbox"/>	R Ankle	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>									
L Hip	<input type="checkbox"/>	L Elbow	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>									

Previous PU history – tick as applicable

No known PU history

PU history – complete below

Number of previous pressure ulcer(s) _____

Detail of previous PU (if more than 1 previous PU give detail of the PU that left a scar or worst category).

Approx date	Site	PU cat	Scar	No scar
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other relevant information (if required):

Step 3 – assessment decision

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

PU Category 1 or above or scarring from previous pressure ulcers

Tick if applicable

PU Prevention/Management Care Plan

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

No pressure ulcer but at risk

Tick if applicable

PU Prevention/Management Care Plan

If only 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.

No pressure ulcer not currently at risk

Tick if applicable

Reassess risk as per Pressure Ulcer Policy

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Nurse Printed Name	Nurse Signature	Date DD / MM / YYYY	Time HH:MM
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