

Pressure Ulcer Triggers





Please tick (\checkmark) when you observe any of the following symptoms. If 4 or more areas are ticked on more than 3 days, or if skin is crossed on 2 consecutive days then contact your community nurse.

Date commenced:		MON	TUE	WED	THU	FRI	SAT	SUN
S	Does the Skin look red, sore or blistered ? Check and record skin observations; tick for non blanching red skin only.							
S	Is the Surface (mattress and cushion fit for purpose?) Is the cover intact? If foam: flat and smooth? If air: inflated? Ensure that no fitted sheet is in use.							
K	Is the person that you are caring for unable to Keep moving ? Are they spending more time in chair or not going to bed?							
I	Has the person that you are caring for become Incontinent (skin is wet with urine or faeces) and there is no care plan in place? Has incontinence deteriorated?							
N	Do they have enough Nutrition (are they eating and drinking properly)? Tick only if no food or drink is taken at meal times.							