

ALL WALES PURPOSE T PRESSURE ULCER RISK ASSESSMENT

NHS Wales v2.2 (04/10/2024)

ADDRESSOGRAPH

Hospital		Ward	
----------	--	------	--

Step 1 – screening

Mobility status – tick all applicable Needs the help of another person to walk <input type="checkbox"/> Spends all or the majority of time in bed or chair <input type="checkbox"/> Remains in the same position for long periods <input type="checkbox"/> Walks independently with or without walking aids <input type="checkbox"/> If ONLY blue box is ticked	Skin status – tick all applicable Current PU category 1 or above? <input type="checkbox"/> Reported history of previous PU? <input type="checkbox"/> Vulnerable skin <input type="checkbox"/> Medical device causing pressure/shear at skin site e.g. O ₂ mask, NG tube <input type="checkbox"/> Normal skin <input type="checkbox"/> 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 <input type="checkbox"/> No problem <input type="checkbox"/> If ONLY blue box is ticked	No pressure ulcer not currently at risk Tick if applicable <input type="checkbox"/> 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) <table border="1"> <tr> <th colspan="2">Extent of all independent movement</th> <th>Doesn't move</th> <th>Slight position changes</th> <th>Major position changes</th> </tr> <tr> <td>Doesn't move</td> <td></td> <td><input type="checkbox"/></td> <td>N/A</td> <td>N/A</td> </tr> <tr> <td>Moves occasionally</td> <td></td> <td>N/A</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Moves frequently</td> <td></td> <td>N/A</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>	Extent of all independent movement		Doesn't move	Slight position changes	Major 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 <input type="checkbox"/> Patient is unable to feel and/or respond appropriately to discomfort from pressure e.g. CVA, neuropathy, epidural <input type="checkbox"/>	Moisture due to perspiration, urine, faeces or exudate – tick as applicable No problem / Occasional <input type="checkbox"/> Frequent (2 – 4 times a day) <input type="checkbox"/> Constant <input type="checkbox"/>
Extent of all independent movement		Doesn't move	Slight position changes	Major 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"/>																		
Perfusion – tick all applicable No problem <input type="checkbox"/> Conditions affecting central circulation e.g. shock, heart failure, hypotension <input type="checkbox"/> Conditions affecting peripheral circulation e.g. peripheral vascular / arterial disease <input type="checkbox"/>	Nutrition – tick all applicable No problem <input type="checkbox"/> Unplanned weight loss <input type="checkbox"/> Poor nutritional intake <input type="checkbox"/> Low BMI (less than 18.5) <input type="checkbox"/> High BMI (30 or more) <input type="checkbox"/>	Diabetes – tick as applicable Not diabetic <input type="checkbox"/> Diabetic <input type="checkbox"/>																				
		Medical device – tick as applicable No problem <input type="checkbox"/> Medical device causing pressure/shear at skin site e.g. O ₂ mask, NG tube <input type="checkbox"/>																				

Vulnerable skin (precursor to PU) e.g. dryness, paper thin, moist, blanchable redness that persists. Darkly pigmented skin may not have visible blanching, its colour may differ from surrounding area. The area may be painful, firm, soft, warmer or cooler as compared to adjacent tissue. (PPPIA 2020)
Cat 1 Non-blanchable redness of intact skin, may be difficult to detect in individuals with darkly pigmented skin tone.
Cat 2 Partial thickness loss of dermis presenting as a shallow open blister with a red/ pink wound bed without slough.
Cat 3 Full thickness tissue loss (fat/slough may be present)
Cat 4 Full thickness tissue loss (bone, muscle or tendon visible)
Cat U (Unstageable) full thickness tissue loss with slough and/or necrotic tissue.
Cat SDTI Suspected Deep Tissue Injury. Purple or maroon localised area of discoloured skin or blood-filled blister, may be difficult to detect in individuals with darker skin tones.

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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		R Hip	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		R Elbow	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
L Buttock	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		L Heel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Other as applicable (may be medical device site)					
R Buttock	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		R Heel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
L Ischial	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		L Ankle	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
R Ischial	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		R Ankle	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
L Hip	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		L Elbow	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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"/>

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 <input type="checkbox"/> 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 <input type="checkbox"/> 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 <input type="checkbox"/> Reassess risk as per Pressure Ulcer Policy
--	--	---

Name	Signature	Designation	Date	Time
------	-----------	-------------	------	------