



ALL WALES SKIN & REPOSITIONING CHART

NHS Wales v1 (12/02/2025)

ADDRESSOGRAPH

Hospital						
Ward						
Date						
Time						

Part 1: Repositioning (Tick one)						
Patient repositioned- Go to Part 2						
Patient declined repositioning- Go to Part 2						
Patient not at bedside- Go to Part 5						
Patient independently mobile- Go to Part 5						

Part 2: Skin and Heels						
Was the patient's skin wet?	Yes/ No/ Declined					
If Yes, was it: Faecal/ Urine/ Exudate/ Perspiration						
Action: Barrier product applied/ Hygiene needs met/ Other (Please Specify)						
Are patient's heels offloaded? Yes/No						
If Yes, which heel? Right/ Left/ Both						
Device: Pillow/ Boot/ Wedge/ Cast/ Other (Please specify)						

Part 3: Patient's position						
Position patient left in (please tick):	Sat up in bed					
	Sat up with knee break					
	Right side tilt					
	Left side tilt					
	Right side					
	Left side					
	Prone					
	Flat on back					
	Sat out					

Equipment patient left on: (Ensure surface functioning correctly)						
SM-Static Mattress (Please specify e.g foam, hybrid)						
AM- Active mattress (Please specify e.g. powered air, powered hybrid)						
T- Trolley (Please specify e.g air, gel, foam)						
CNC- Chair no cushion (Please specify type of chair e.g recliner, wheelchair)						
CWC- Chair with cushion (Please specify chair & cushion type)						
O- Other equipment (Please specify e.g. traction, specialist equipment)						

Part 4: Patient's skin						
Has there been any change to the patient's skin condition?	Yes/ No/ Unable to assess (If Yes, please specify change)					

A detailed skin assessment to be completed by a competent person on reverse (as per local policy)

Part 5: Further Repositioning (MUST MATCH CARE PLAN)						
Does the patient require further repositioning? Yes/No						
If Yes, repositioning required in (hours):						
Completed by:	Signature					
	Name					
	Designation					

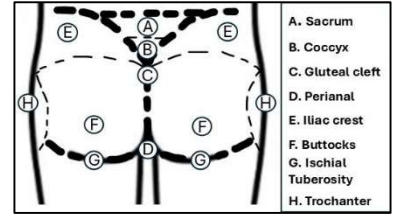
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Use this key to complete each of the sections below:

Skin: N -Normal M -Moist PT -Paper thin D -Dryness BR -Blanchable redness (persistent)	PU category: 1 -Cat 1 2 -Cat 2 3 -Cat 3 4 -Cat 4 U -Unstageable SDTI -Suspected deep tissue injury	Not seen reason: MD -Covered medical device CD - Covered dressing P -Pain PD - Patient declined O -Other
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Hospital							
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Insert code from the box above in each section below

Sacrum	Skin												
		Right	Left	Right	Left	Right	Left	Right	Left	Right	Left		
	PU Category												
	Moisture lesion (Yes/No)												
	Not seen reason												
		Right	Left	Right	Left	Right	Left	Right	Left	Right	Left	Right	Left
Buttock	Skin												
	PU Category												
	Moisture lesion (Yes/No)												
	Not seen reason												
Ischial	Skin												
	PU Category												
	Moisture lesion (Yes/No)												
	Not seen reason												
Hip	Skin												
	PU Category												
	Moisture lesion (Yes/No)												
	Not seen reason												
Heel	Skin												
	PU Category												
	Moisture lesion (Yes/No)												
	Not seen reason												
Ankle	Skin												
	PU Category												
	Moisture lesion (Yes/No)												
	Not seen reason												
Elbow	Skin												
	PU Category												
	Moisture lesion (Yes/No)												
	Not seen reason												
Other(specify):	Skin												
	PU Category												
	Moisture lesion (Yes/No)												
	Not seen reason												
Other(specify):	Skin												
	PU Category												
	Moisture lesion (Yes/No)												
	Not seen reason												
Signature													
Name													
Designation													
Additional page for 'Other' sites available Tick here if additional page completed													