



Surname..... CHI/CareFirst.....

Forenames..... Sex

Pressure Ulcer Prevention 5 Question Tool

This form should be completed for all people at risk of developing pressure damage. This questions are a guide to help identify those that may be at risk of pressure related skin damage due to mobility, continence, nutritional or skin needs. If the answer to any of the below questions is 'Yes' please refer to the Project Team detailed and holistic pressure ulcer risk assessment.

Please circle the appropriate answer

1. **Mobility**

Does the person require assistance to mobilise or change position? Yes/No

2. **Continence**

Is the skin compromised by urine or faeces? Yes/No

3. **Nutrition**

Does the person appear malnourished and/or unable to eat or drink? Yes/No

4. **Skin**

Is the skin compromised by any other source? Yes/No

*Please consider medical devices (eg oxygen, PEG, catheter tubing), neurological deficit (eg stroke, head injury), recent surgery, medication (eg steroids), multiple health issues.

5. **Judgement**

Using your judgement, would you consider this person at risk of developing pressure damage?

Yes/No

Additional Information

Does this person have the cognitive capacity to make decisions about their Health? Yes/No