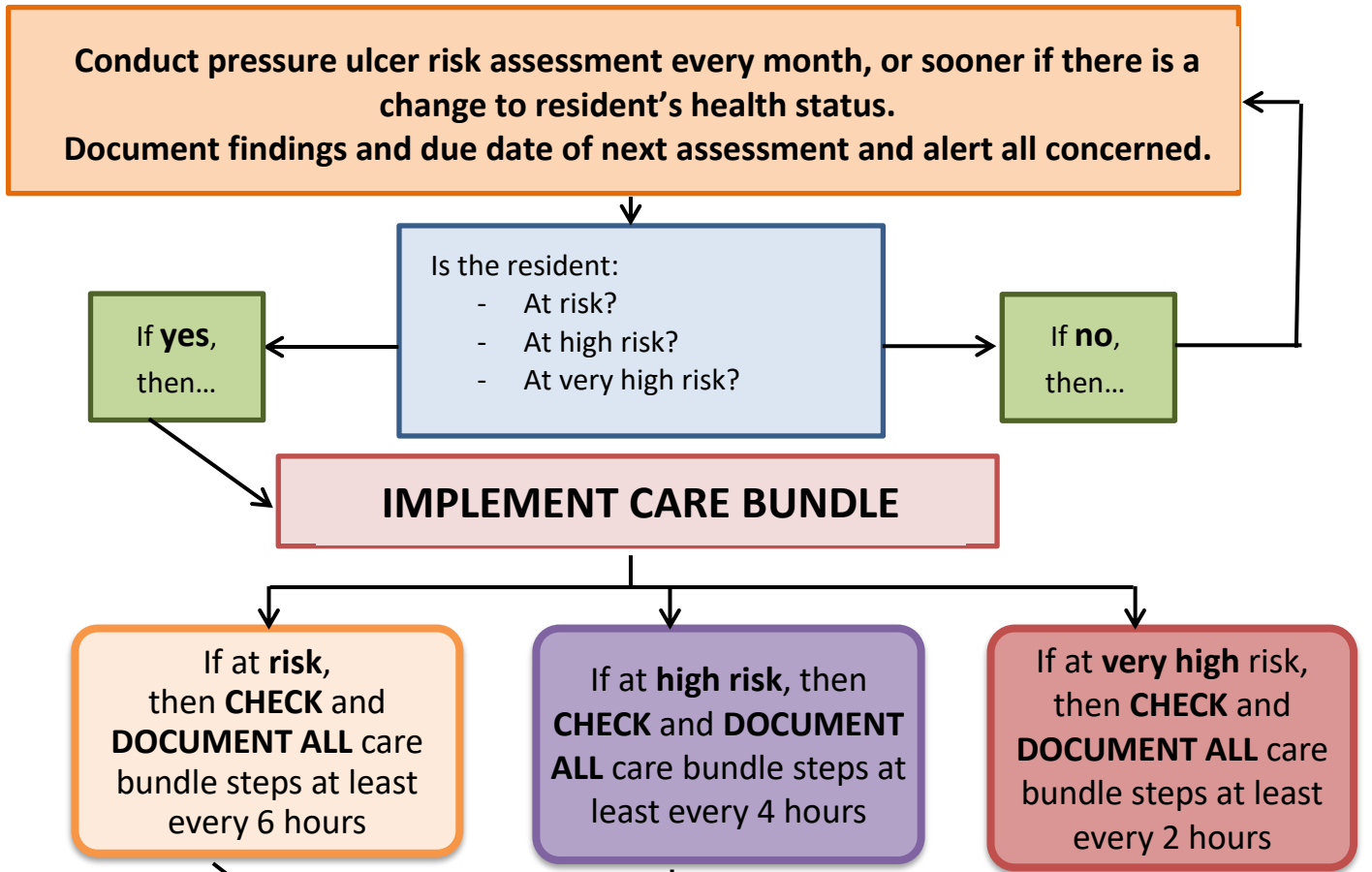


## Pressure Ulcer Prevention Care Bundle



Time – use 24 hour clock 00.00 – 24.00				
<b>Support surfaces</b>				
Surface checked for creases, tubing, personal items etc.?				
Equipment checked?				
<b>Skin inspection</b>				
All pressure areas checked?				
Redness/changes to skin? Yes (Y) No (N)? (If Y, document overleaf)				
Is the resident experiencing wound pain?				
<b>Repositioning</b>				
In bed: rotated onto right (R), left (L) side or hoisted (H)				
Sitting: stood (S) walked (W)				
Other (document overleaf)				
Initials				

Write the frequency here

You will need a new form each day

Initial here

All Care Staff PLEASE READ and ensure all residents 'at risk' have forms in their room. Please ask the nurse in charge to explain if unsure