|  |  |  |
| --- | --- | --- |
|  | **Checked?** | **Comment / Concern** |
| Are all body maps up to date? |  |  |
| Do all residents have the appropriate pressure relieving equipment in place?  |  |  |
| Have all turn charts been completed correctly? |  |  |
| Are all air mattresses on the correct setting and working correctly? |  |  |
| Are all foam pressure mattresses turned as per instruction? *(if appropriate)* |  |  |
| Are residents at high risk of pressure damage seated on a pressure relieving cushion?  |  |  |
| Are all Waterlow assessments up to date? |  |  |

|  |  |  |
| --- | --- | --- |
|  |  | **Comments / Concerns** |
| How many residents currently have pressure damage? |  |  |
| How many residents have moisture lesions?  |  |  |
| Have all mattresses and pressure cushions been cleaned this week? |  |  |

**Ideas for change:***Please share your ideas to reduce the risk pressure damage and moisture lesions*

*This document is a guide only and can be adapted to meet the needs of your home.*