

# Pressure Ulcer Triggers

Please tick and initial when you observe any of the following symptoms and place a cross and initial if no symptoms are observed.

Name: \_\_\_\_\_

Date: \_\_\_\_\_

NHS N°: \_\_\_\_\_

**S**

Is the **Surface** (mattress and cushion) fit for purpose? Is the cover intact? If foam: flat and smooth? If air: inflated?

Mon

Tues

Wed

Thur

Fri

Sat

Sun

**S**

Does their **Skin** look red or sore?

This is one of the first indicators of a pressure ulcer developing, especially if it is over a pressure point such as heels, buttocks and base of back

Mon

Tues

Wed

Thur

Fri

Sat

Sun

**K**

Is the person that you are caring for unable to **Keep moving**? Are they spending more time in the chair or not going to bed?

Mon

Tues

Wed

Thur

Fri

Sat

Sun

**I**

Has the person that you are caring for become **Incontinent** (skin is wet with urine or faeces) and there is no care plan in place?

Mon

Tues

Wed

Thur

Fri

Sat

Sun

**N**

Do they have adequate **Nutrition** (are they eating and drinking properly)?

Reduced intake of food and drink can increase the risk of developing pressure ulcers.

Mon

Tues

Wed

Thur

Fri

Sat

Sun

If 4 or more areas are ticked on 2 or more days, ensure the nurse in charge is aware or if skin is ticked on 2 consecutive days contact the nurse in charge.

[www.your-turn.org.uk](http://www.your-turn.org.uk)

Think.....

**S S K I N**