

PSI

PRESSURE SORE DOCUMENTATION (to be completed when pressure sores exist or develop)

Name:	Ward:
D.O.B.	Hospital:
G.P.	Hospital Number:
Date:	Consultant:

Assessment of pressure sore:

Waterlow Score:

Nutritional supplement

 Yes/No

Number of pressure sores:

Dietitian involvement

 Yes/No

Position on body	Grade	Dressing	Prevention .e.g. turning/mattress

When was/were the pressure sore/s first noted?

Date _____

Signed.....

Date.....

Summary of assessment: (please tick and/or indicate S = small, M = moderate, L = large amount).

Date:					
Exudate					
Pain					
Odour					
Surrounding skin(describe)					
Treatment Objectives:					
Debridement					
Absorption					
Hydration					
Protection					
Manage infection					

DIAGRAM OR PHOTOGRAPH
 (showing % of slough/necrosis/
 granulation/epithelialisation)

Dimensions:
 Length
 Width
 Depth

Primary Dressing:

Secondary Dressing:

Other Options (e.g. antibiotics)