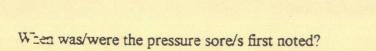
. .

PS1.

## 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:									
Witterlow Score:		Nutritional s	upplement Yes/No						
Number of pressure sores: Dietitian involvement Yes/No									
Position on body	Grade	Dressing	Prevention .e.g. turning/mattress						



Date\_\_\_\_\_

Sigmed.....

Date.....

------

Summary of assessment: (please tick and/or indicate S = small, M = moderate, L = large amount).						
Date:						
Exudate						
Pain						
Odour						
Surrounding skin(describe)				i		
Treatment Objectives:						
Debridement			i			
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)