

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:    
 *AND BARTEL*

Nutritional supplement

Number of pressure sores:

Dietitian involvement

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

When was/were the pressure sore/s first noted?  
and where was the patient when they developed the pressure sore

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)**