

Pressure Ulcer Risk Assessment – PURPOSE T (V2)

Patient name	DOB	Hospital / NHS number	Ward
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Step 1 – screening

Mobility status – tick all applicable Needs the help of another person to walk <input type="checkbox"/> Spends all or the majority of time in bed or chair <input type="checkbox"/> Remains in the same position for long periods <input type="checkbox"/> Walks independently with or without walking aids <input type="checkbox"/>	Skin status – tick all applicable Current PU category 1 or above? <input type="checkbox"/> Reported history of previous PU? <input type="checkbox"/> Vulnerable skin <input type="checkbox"/> Medical device causing pressure/shear at skin site e.g. O ₂ mask, NG tube <input type="checkbox"/> Normal skin <input type="checkbox"/>	Clinical Judgment – tick as applicable Conditions/treatments which significantly impact the patient's PU risk e.g. poor perfusion, epidurals, oedema, steroids <input type="checkbox"/> No problem <input type="checkbox"/>	No pressure ulcer not currently at risk Tick if applicable <input type="checkbox"/> Not currently at risk pathway
If ANY yellow boxes are ticked, go to Step 2	If ANY yellow or pink boxes are ticked, go to Step 2	If ANY yellow boxes are ticked, go to Step 2	If ONLY blue box is ticked

Step 2 – full assessment

Complete ALL sections

Analysis of independent movement Tick the applicable box (where frequency and extent categories meet) <table border="1"> <tr> <td colspan="2"></td> <td colspan="3">Extent of all independent movement Relief of all pressure areas</td> </tr> <tr> <td colspan="2"></td> <td>Doesn't move</td> <td>Slight position changes</td> <td>Major position changes</td> </tr> <tr> <td rowspan="3">Frequency of position changes</td> <td>Doesn't move</td> <td><input type="checkbox"/></td> <td>N/A</td> <td>N/A</td> </tr> <tr> <td>Moves occasionally</td> <td>N/A</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Moves frequently</td> <td>N/A</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>			Extent of all independent movement Relief of all pressure areas					Doesn't move	Slight position changes	Major position changes	Frequency of position changes	Doesn't move	<input type="checkbox"/>	N/A	N/A	Moves occasionally	N/A	<input type="checkbox"/>	<input type="checkbox"/>	Moves frequently	N/A	<input type="checkbox"/>	<input type="checkbox"/>	Sensory perception and response – tick as applicable No problem <input type="checkbox"/> Patient is unable to feel and/or respond appropriately to discomfort from pressure e.g. CVA, neuropathy, epidural <input type="checkbox"/>	Moisture due to perspiration, urine, faeces or exudate – tick as applicable No problem / Occasional <input type="checkbox"/> Frequent (2–4 times a day) <input type="checkbox"/> Constant <input type="checkbox"/>
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Perfusion – tick all applicable No problem <input type="checkbox"/> Conditions affecting central circulation e.g. shock, heart failure, hypotension <input type="checkbox"/> Conditions affecting peripheral circulation e.g. peripheral vascular / arterial disease <input type="checkbox"/>	Nutrition – tick all applicable No problem <input type="checkbox"/> Unplanned weight loss <input type="checkbox"/> Poor nutritional intake <input type="checkbox"/> Low BMI (less than 18.5) <input type="checkbox"/> High BMI (30 or more) <input type="checkbox"/>	Medical device – tick as applicable No problem <input type="checkbox"/> Medical device causing pressure/shear at skin site e.g. O ₂ mask, NG tube <input type="checkbox"/>	Diabetes – tick as applicable Not diabetic <input type="checkbox"/> Diabetic <input type="checkbox"/>																						

Current Detailed Skin Assessment – tick if pain, soreness or discomfort present at any skin site as applicable. For each skin site tick applicable column – either vulnerable skin, normal skin or record PU category				Previous PU history – tick as applicable																																																																																									
<table border="1"> <tr> <th>Skin site</th> <th>Pain</th> <th>Vulnerable skin</th> <th>PU category</th> <th>Normal skin</th> </tr> <tr> <td>Sacrum</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>L Buttock</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>R Buttock</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>L Ischial</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>R Ischial</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>L Hip</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>	Skin site	Pain	Vulnerable skin	PU category	Normal skin	Sacrum	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	L Buttock	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	R Buttock	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	L Ischial	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	R Ischial	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	L Hip	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<table border="1"> <tr> <th>Skin site</th> <th>Pain</th> <th>Vulnerable skin</th> <th>PU category</th> <th>Normal skin</th> </tr> <tr> <td>R Hip</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>L Heel</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>R Heel</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>L Ankle</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>R Ankle</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>L Elbow</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>	Skin site	Pain	Vulnerable skin	PU category	Normal skin	R Hip	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	L Heel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	R Heel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	L Ankle	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	R Ankle	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	L Elbow	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<table border="1"> <tr> <th>Skin site</th> <th>Pain</th> <th>Vulnerable skin</th> <th>PU category</th> <th>Normal skin</th> </tr> <tr> <td>R Elbow</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td colspan="5">Other as applicable (may be medical device site)</td> </tr> </table>	Skin site	Pain	Vulnerable skin	PU category	Normal skin	R Elbow	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other as applicable (may be medical device site)					No known PU history <input type="checkbox"/> PU history – complete below <input type="checkbox"/> Number of previous pressure ulcer(s) _____ Detail of previous PU (if more than 1 previous PU give detail of the PU that left a scar or worst category). Approx date Site PU cat Scar No scar <table border="1"> <tr> <td></td> <td></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table> Other relevant information (if required):			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Step 3 – assessment decision

If ANY pink boxes are ticked/completed, the patient has an existing pressure ulcer or scarring from previous pressure ulcer.	If ANY orange boxes are ticked (but no pink boxes), the patient is at risk.	If only yellow and blue boxes are ticked, the nurse must consider the risk profile (risk factors present) to decide whether the patient is at risk or not currently at risk.
PU Category 1 or above or scarring from previous pressure ulcers Tick if applicable <input type="checkbox"/>	No pressure ulcer but at risk Tick if applicable <input type="checkbox"/>	No pressure ulcer not currently at risk Tick if applicable <input type="checkbox"/>

Nurse printed name	Nurse signature	Date	Time
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