

Pressure Ulcer Risk Assessment – PURPOSE T (V2)

Patient name	DOB	Number	Ward
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Step 1 – screening

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

Step 2 – full assessment

Complete ALL sections

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

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						
Skin site	Pain	Vulnerable skin	PU category	Normal skin	Skin site	Pain	Vulnerable skin	PU category	Normal skin	Skin site	Pain	Vulnerable skin	PU category	Normal skin	No known PU history			
															<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sacrum	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	R Hip	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	R Elbow	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	PU history – complete below			
L Buttock	<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"/>	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).				
R Buttock	<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"/>	Other as applicable (may be medical device site)				Approx date Site PU cat Scar No scar				
L Ischial	<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 Ischial	<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 Hip	<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"/>					Other relevant information (if required):				

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 clinician 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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