Pressure Ulcer Classification / Skin assessment for at Risk Areas - record skin assessment and/or ulcer category (grade) at least daily.

**Skin Assessment Codes**

- O = normal skin/no damage
- P = painful area
- S = swelling
- R = redness/blanching
- ML = moisture lesion
- N/A = patient independent
- LC = localised skin temperature change: hot or cold

Document any pressure damage using EPUAP categories 1-4, ungradable and DTI.

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<tr>
<th>Date</th>
<th>Morning Check</th>
<th>Afternoon Check</th>
<th>Night Check</th>
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**Positioning codes:**

- R = Right side
- L = Left side
- ST = Stood (min 2 mins)
- RT = Right 30 degree tilt
- LT = Left 30 degree tilt
- B = Back (supine)
- F = Front (Prone)
- BU = Back sitting up
- TH = Receiving Therapy
- N/A = Patient Independent

Profiling Bed: C = Chair Position
HT = Head Tilt
FT = Foot Tilt

Sat out = SO Restrict sitting periods to a maximum of two hours at a time for at risk patients, and one hour at a time for patients with pressure damage in the seated area.

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<th>Position</th>
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3 skin checks per day document morning - afternoon & night. IF NOT REQUIRED CLEARLY DOCUMENT REASON.