

Risk Assessment - Service User - Pressure Sores & Tissue Viability

A: SERVICE USER DETAILS						
Surname:		First Name(s):		Likes to be known as:		
Date of Birth:		Age last birthday:		Service User Ref. No:		
B: RISK ASSESSMENT DETAILS & OUTCOMES (circle B1, B2 or B3 below as relevant)						
B1 RA performed on first home visit		B2 Re-assess following change in circumstances		B3 Repeat regularly according to need		
SCORE RATING OF 10+ = AT RISK		SCORE RATING OF 15+ = HIGH RISK		SCORE RATING OF 20+ = VERY HIGH RISK		
CHARACTERISTIC			RATING		SCORES	
1: SEX OF SERVICE USER						
Male			1	<input type="checkbox"/>		
Female			2	<input type="checkbox"/>		
2: AGE OF SERVICE USER						
14 to 49			1	<input type="checkbox"/>		
50 to 64			2	<input type="checkbox"/>		
65 to 74			3	<input type="checkbox"/>		
75 to 80			4	<input type="checkbox"/>		
80+			5	<input type="checkbox"/>		
3: B.M.I. (weight in kg / height in metres)						
Below average: <20			3	<input type="checkbox"/>		
Average: 20 to 24.9			0	<input type="checkbox"/>		
Above average: 25 to 29.9			1	<input type="checkbox"/>		
Obese: >30			2	<input type="checkbox"/>		
4: CONTINENCE						
Complete / catheterised			0	<input type="checkbox"/>		
Incontinent - urine			1	<input type="checkbox"/>		
Incontinent - faeces			2	<input type="checkbox"/>		
Doubly incontinent - urine & faeces			3	<input type="checkbox"/>		
5: SKIN QUALITY - VISUAL RISK AREAS (refer to Body Map; ref. Form No 3-016)						
Healthy			0	<input type="checkbox"/>		
Thin / fragile (tissue paper)			1	<input type="checkbox"/>		
Dry / flaky OR oedematous / puffy			1	<input type="checkbox"/>		
Clammy (moist to touch) / pyrexia			1	<input type="checkbox"/>		
Discoloured (mottled / bruising)			2	<input type="checkbox"/>		
Broken skin (ESTABLISHED ULCER)			3	<input type="checkbox"/>		

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CHARACTERISTIC			RATING		SCORES
6: MOBILITY					
Fully mobile			0 <input type="checkbox"/>		
Restless / fidgety			1 <input type="checkbox"/>		
Apathetic (sedated / depressed / reluctant to move)			2 <input type="checkbox"/>		
Restricted (restricted by severe pain or disease)			3 <input type="checkbox"/>		
Bedbound (unconscious / unable to change position)			4 <input type="checkbox"/>		
Chairbound (unable to leave chair without assistance)			5 <input type="checkbox"/>		
7: NUTRITIONAL ELEMENT					
UNPLANNED WEIGHT LOSS IN PAST 3 - 6 MONTHS: <5% - Score 0 / 5% to 10% - Score 1 / >10% - Score 2			0 - 2 <input type="checkbox"/>		
BMI >20% - Score 0 / 18.5% to 20% - Score 1 / <18.5% - Score 2			0 - 2 <input type="checkbox"/>		
8: SPECIAL RISKS (TISSUE MALNUTRITION)					
Multiple organ failure / terminal cachexia			8 <input type="checkbox"/>		
Single organ failure (e.g. cardiac; renal; respiratory)			5 <input type="checkbox"/>		
Peripheral vascular disease			5 <input type="checkbox"/>		
Anaemia = Hb < 8			2 <input type="checkbox"/>		
Smoking			1 <input type="checkbox"/>		
9: SPECIAL RISKS (NEUROLOGICAL DEFICIT)					
Diabetes / MS / CVA / motor / sensory / paraplegia			4 - 6 <input type="checkbox"/>		
10: SPECIAL RISKS (MEDICATION)					
Cytotoxic / anti-inflammatory / long term high dose steroid			Max 4 <input type="checkbox"/>		
TOTAL SCORE:					
Signature:					
Date:					
Time:					