Appendix 2

Preliminary Pressure Ulcer Risk Assessment (PPURA)

Points to consider

- Use within 6 hours of admission to care area
- · Use daily if the person is identified to be 'not at risk'
- · People who are overweight may not be well nourished
- Please sign after each check

CHI No:	
Surname:	
Forename: Sex:	

Mobility: Person is fully mobile without equipment/assistance

Continence: Person is fully continent

Nutrition: Person appears well nourished and able to eat and drink **Skin:** Persons pressure areas are healthy, with no signs of redness,

discolouration, including bruising or ulceration

Record your answer in the grid below **Y**- Yes or **N**- No If the answer is **Yes** to all statements use this chart daily

If the answer is **No** to any statement undertake a full pressure ulcer risk assessment and consider any other relevant assessment

Time	Mobility	Continence	Nutrition	Skin inspected	Is a full pressure ulcer risk assessment required?	Signature
<u> </u>						
					Inspected inspected	inspected risk assessment required?