

# Pressure Ulcer Risk Assessment Sheet

Patient Name:

Hospital No.:

Ward:

Date:

Assessor:

Risk Assessment Criteria:

Category	Score	Comments
Mobility	<div></div>	<div></div>
Sensory Perception	<div></div>	<div></div>
Moisture	<div></div>	<div></div>
Activity	<div></div>	<div></div>
Nutrition	<div></div>	<div></div>
Friction & Shear	<div></div>	<div></div>

Total Score:

Risk Level:

Preventive Measures / Plan:

Additional Notes: