NHS Lothian

Adapted Waterlow Pressure Area Risk Assessment Chart (Adults)

Addressograph, or
Name
DOB
Unit No./CHI
Patient's location:

The primary aim of this tool is to assist you to assess the risks of a patient/client developing a pressure ulcer.
Undertake and document the risk assessment within 6 hours of admission or on first home visit.
Reassess if there is a change in the individual's condition and repeat regularly according to local procedures.

			DATE				
		SCORING	**TIME**	:	:	:	:
			INITIALS				
Sex	Male	1					
	Female	2					
Age	14 – 49	1					
	50 – 64	2					
	65 – 74	3					
	75 – 80	4					
	81+	5					
Build/weight for height (weight in kg/height in m^2)	Average BMI 20 – 24.9	0					
	Above average BMI 25 – 29.9	1					
	Obese BMI > 30	2					
	Below average BMI < 20	3					
Continence	Complete/catheterised	0					
	Incontinent urine	1					
	Incontinent faeces	2					
	Doubly incontinent (urine & faeces)	3					
Skin Type (Visual Risks Area)*	Healthy	0					
	Tissue paper (thin/fragile)	1					
	Dry (appears flaky)	1					
	Oedematous (puffy)	1					
	Clammy (moist to touch/pyrexia)	1					
	Discoloured (bruising/mottled)	2					
	Broken (established ulcer)	3					
Mobility	Fully mobile	0					
	Restless/fidgety	1					
	Apathetic (sedated/depressed/reluctant to move)	2					
	Restricted (restricted by severe pain or disease)	3					
	Bedbound (unconscious/unable to change position/ traction)	4					
	Chair bound (unable to leave chair without assistance)	5					
Nutritional Element*	**Unplanned weight loss in past 3-6 months:**						
	< 5% Score	0					
	5-10%	1					
	>10%	2					
	BMI >20	0					
	BMI 18.5 - 20	1					
	BMI < 18.5	2					
	Patient/client acutely ill or no nutritional intake > 5 days	2					

Risk Assessment tool continued overleaf

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SCORING	**DATE**					
	TIME	:	:	:	:	
	INITIALS					
Special Risks (Tissue Malnutrition)*	Smoking	1				
	Anaemia = Hb < 8	2				
	Single organ failure e.g. cardiac, renal, respiratory	5				
	Peripheral vascular disease	5				
	Multiple organ failure/terminal cachexia	8				
Special Risks (Neurological Deficit)	Diabetes / MS /CVA / motor/ sensory / paraplegia (score dependant on condition stability/impact severity)	4-6				
Special Risks (Surgery/Trauma)*	Orthopaedic/below waist/spinal (up to 48 hours post op)	5				
	On table > 2 hours (up to 48 hours post op)	5				
	On table > 6 hours	8				
Special Risks (Medication)	Cytotoxic, anti-inflammatory, long term/high dose steroid	4				
TOTAL SCORE:						

*More than one score can be used in some categories

How to Use the Tool: Use together with your clinical judgment.

An indication of risk should be followed with an action i.e. develop and implement a pressure ulcer prevention care plan.

The tool identifies three "at risk" categories-

1. A score of **10-14** indicates "**at risk**".
2. A score of **14-19** indicates "**high risk**".
3. A score of **20 and above** indicates "**very high risk**

Updated from Risk Assessment Chart Waterlow v2.0
www.healthcareimprovementscotland.org/our_work/patient_safety/tissue_viability.aspx