

Write or attach label	
Surname	
Forename	
DoB	
Sex	
Completed by	

Pressure Ulcers Grade Recording Chart

Indicate the position and number of all the pressure ulcers observed on the diagrams below then complete the box underneath.

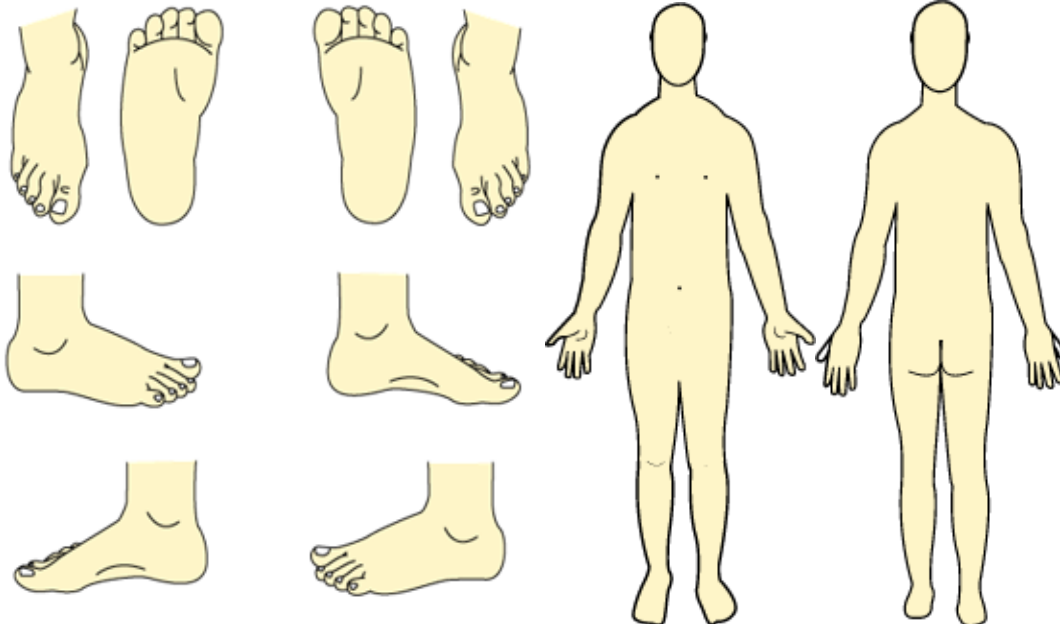
Initiate a care plan*.

Right Foot

Left Foot

Anterior View

Posterior View



Date	Ulcer Number	Location	Grade See grade chart	**Signs of infection?	Signature

*Record in care plan and daily notes

** **Signs of infection** = Heat - New slough/necrosis – Increased pain – Increased exudate – Increased swelling around wound