

PRESSURE INJURY REPOSITIONING CHART

FACILITY: _____

PT ID								
SURNAME D.O.B. OTHER NAMES ADDRESS.....								

To be used when the patient is at risk of a pressure injury or a pressure injury has been identified.

Suggested repositioning schedule 2nd hourly during day, 4th hourly at night.

Repositioning times depend on the individual person's skin response (erythema) to pressure.

Plan of care discussed with patient and / or carer – Yes ☐

Patient/Carer Name:

Relationship to Patient:

Patient/Carer Signature:

Date: DD / MM / YYYY

Shaded columns = suggested full skin hygiene and inspection times.

Abbreviations

Left side	L	Right side	R	Supine	S
Left side Tilt	LT	Right side Tilt	RT	Prone	P
Heels up	HU	Sitting bed elevated >30°	SU	Sitting out of bed	SOOB

[illegible]

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