

Pressure Injury Prevention Checklist

S

Surfaces

- ✓ Bed & chair surface safe
- ✓ No creases, tubing, cords, items under resident
- ✓ Equipment in place? (air mattress, cushions, etc.)

P

Pressure Areas

- ✓ Check all pressure areas
- ✓ Skin integrity checked? (look for redness, heat, swelling, breaks in skin)

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Offload

- ✓ Reposition in bed (Left/Right/Hoist)
- ✓ Change sitting position / stand / walk (if able)

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Tell

- ✓ Ask about pain or discomfort
- ✓ Escalate and document any concerns

For RN use only

Resident Name:

Room Number:

Issue Date:

Frequency of repositioning: **2 hours**

Comments:

Date/Time Last Repositioned:

All staff – please clear previous date/time and input new date/time of repositioning, using whiteboard marker.

