

Pressure ulcer safety cross

Month _____ Year _____

Ward/Care home _____

- Green No new pressure ulcer found
- Orange Admitted with pressure ulcer
- Red New pressure ulcer found (ward/care home acquired)

		1		2							
		3		4							
		5		6							
7		8		9		10		11		12	
13		14		15		16		17		18	
19		20		21		22		23		24	
		25		26							
		27		28							
		29	30	31							

Pressure ulcer safety cross

Date	Patient ID	PU location
: :		
: :		
: :		
: :		
: :		
: :		
: :		