

Initial Assessment of Risk Compliance & Audit Tool

Audit tool 1

Ward/Care home/Patient home: _____

Date: _____

Time: _____



Midlands and East

Compliance		Non-compliance	
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	Patient 1	Patient 2	Patient 3	Patient 4	Patient 5	Total %
Risk Assessment						
1. Is there evidence the patient has been screened?						
2. Had a risk assessment undertaken within the agreed timescale?						
3. Was a Prevention plan put into place?						
Total %						
Compliance (Y/N)						
If patient has a pressure ulcer						
4. Was grading tool used?						
5. Was reporting/SI process followed?						
Total %						
Compliance (Y/N)						
If the patient is assessed and deemed to be at risk undertake Audit tool 2 for prevention or Audit tool 3 for a patient with an existing pressure ulcer.						
Audit tool 2 required (Y/N)						
Audit tool 3 required (Y/N)						