

POSITIONING CHART FOR PATIENTS WITH PRESSURE SORE

Name of Patient: _____ **Age:** _____ **Sex:** _____ **Date of Birth:** _____

Case Number: _____ **Ward:** _____ **Bed. No.:** _____ **Date of Admission:** _____

Initial Diagnosis: _____ **Final Diagnosis:** _____

Site of Pressure Sore: _____ **Size:** _____ **Condition:** _____

Staff Nurse/s in charge: _____ ; _____ ; _____

DATE/TIME	POSITION OF PATIENT	CONDITIONS OF PRESSURE SORE AREAS	CARE OF PRESSURE AREAS / CORRECTIVE MEASURES TAKEN	REMARKS	DONE BY

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