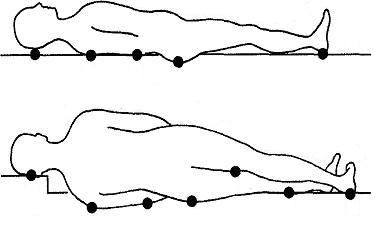
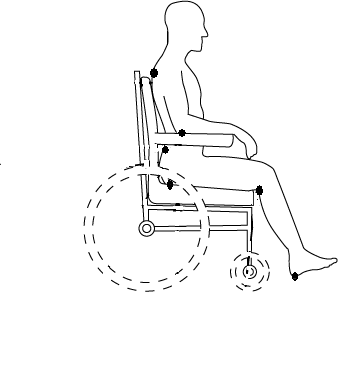
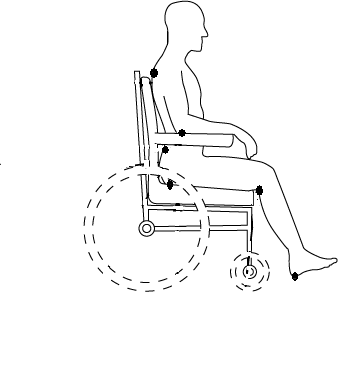
**Personal Pressure Ulcer Prevention Plan**

CHECK YOUR PRESSURE AREAS REGULARLY

YOU CAN USE A MIRROR OR ASK A CARER OR RELATIVE TO HELP YOU

POTENTIAL PRESSURE POINTS DEPEND ON YOUR POSITION





Your specific areas of skin at risk are ............................................................. (as circled above)

**It is recommended that you should:**

Move your position at least every .................. hours and inspect your skin ……………… (add frequency.

If you are concerned contact your health professional on ........................................................

**REMEMBER TO GET HELP PROMPTLY IF YOU NOTICE A RED AREA THAT DOES NOT FADE**

Your signature .......................................................... (to confirm your plan has discussed with you)

Health professional’s signature .............................................. Date..................................................Print Name………………………………….. Designation……………………………………………………