



Patient/ client acutely ill or no nutritional intake > 5 days	2																		
<b>Special Risks – Tissue Malnutrition</b>																			
Multiple organ failure/terminal cachexia	8																		
Single organ failure e.g. cardiac, renal, respiratory	5																		
Peripheral vascular disease	5																		
Anaemia = Hb < 8	2																		
Smoking	1																		
<b>Special Risks – Neurological Deficit</b>																			
Diabetes/ MS/ CVA/ motor/ sensory/ paraplegia Max 6	4-6																		
<b>Special Risks – Surgery/Trauma</b>																			
On table > 6 hours	8																		
Orthopaedic/ below waist/spinal (up to 48 hours post op)	5																		
On table > 2 hours (up to 48 hours post op)	5																		
<b>Special Risks – Medication</b>																			
Cytotoxic, anti-inflammatory, long term/high dose steroid Max 4	4																		
<b>Total Score</b>																			
<b>Date</b>																			
<b>Initials</b>																			
<b>Time</b>																			

Ensure plan of care is implemented / reviewed for all identified areas of concern

- Use this tool together with your clinical judgement.
- An indication of risk should be followed with action.

The primary aim of this tool is to assist you to assess risk of a patient/client developing a pressure ulcer. Use this together with your clinical judgement. The Waterlow consists of seven items: build/weight, height, visual assessment of the skin, sex/age, continence, mobility, and appetite, and special risk factors, divided into tissue malnutrition, neurological deficit, major surgery/trauma, and medication.

The tool identifies three 'at risk' categories,

1. a score of 10-14 indicates 'at risk'
2. a score of 15-19 indicates 'high risk', and
3. a score of 20 and above indicates very high risk.

**Source: Judy Waterlow**