

PREFERENCE WORKSHEET Pressure Ulcers

To help us prevent the person for whom you are caring from developing pressure ulcers, please complete this worksheet. To ensure the most complete and accurate information, please discuss these questions with the person as well as with family members, friends, staff, or other caregivers.

The following information should be included in care planning and used as part of your daily interventions in the prevention of pressure ulcers.

What does the person like to drink? _____

When does s/he prefer to drink? _____

What kind of assistance does s/he need to drink? _____

What are the person's favorite foods? _____

What is his/her favorite meal of the day? _____

Can s/he feed her/himself? What kind of assistance is required? _____

What kind of chair is the most comfortable for the person to sit in? _____

What makes it easier for the person to move around in a chair? _____

What makes it easier for the person to move/turn in bed? _____

Is there anything that staff should know about turning this person in bed? _____

What are the person's toileting patterns? _____

What else do you think staff should know about this person that could help prevent pressure ulcers?