

# PRESSURE INJURY POINT PREVALENCE SURVEY

## PATIENT EQUIPMENT AUDIT TOOL

Survey staff to complete

MRN \_\_\_\_\_

Today's date \_\_\_\_/\_\_\_\_/\_\_\_\_

### Bed, mattress & seating in use for the patient

Please put **X** in the box that describes the type of mattress/seating in use today and supply mattress/cushion brand name.

| Support Surfaces (mattress)      |  |                        | In use | Requested, not arrived | Comments |
|----------------------------------|--|------------------------|--------|------------------------|----------|
| Basic hospital foam mattress     |  |                        |        |                        |          |
| Reactive (constant low pressure) | Non-powered                                  | Foam                   |        |                        |          |
|                                  |  | Gel                    |        |                        |          |
|                                  |  | Air                    |        |                        |          |
|                                  |  | Combination            |        |                        |          |
|                                  | Powered                                      | Low air loss           |        |                        |          |
|                                  |  | Other powered reactive |        |                        |          |
| Active                           | Powered alternating air overlay              |                        |        |                        |          |
|                                  | Powered alternating air mattress replacement |                        |        |                        |          |

| Support Surfaces (chair cushion) |                                 |             | In use | Requested, not arrived | Comments |
|----------------------------------|---------------------------------|-------------|--------|------------------------|----------|
| Basic hospital chair             |                                 |             |        |                        |          |
| Reactive                         | Non-Powered                     | Foam        |        |                        |          |
|                                  |                                 | Gel         |        |                        |          |
|                                  |                                 | Air         |        |                        |          |
|                                  |                                 | Combination |        |                        |          |
| Active                           | Powered alternating air cushion |             |        |                        |          |

Comments \_\_\_\_\_



PRESSURE INJURY  
PREVENTION  
PROJECT



CLINICAL  
EXCELLENCE  
COMMISSION