

Safety Cross Template

Month	
Year	
Ward Name	
Hospital Name	

- No new pressure ulcer
- Admitted with pressure ulcer from outside the (e.g. own home, care home, other hospital)
- Transferred with pressure ulcer within the same hospital (e.g. transfer from one ward to another)
- New pressure ulcer found (ward-acquired), details as

Identification of New Pressure Ulcers (Ward-Acquired)		
Date	PU Stage	PU Site
TOTAL NUMBER		

		1	2	3		
		4	5	6		
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
			28	29		
			30	31		