Patient Repositioning Record

Reposition the patient and check all areas at each visit.

Position the patient: Full turn: Right side, left side. 30 degree tilt: Right side, left side. Back, Front, Sitting in bed or sitting in chair.

Guy's and St Thomas' NHS Foundation Trust

Page No._____

Patients Name:			**NHS Number:**
DATE AND TIME	**Skin Appearance and Pressure Areas** *Document every visit	**Position of patient**	**Print Name & Sign**

Patient Repositioning Record

Reposition the patient and check all areas at each visit.

Position the patient: Full turn: Right side, left side. 30 degree tilt: Right side, left side. Back, Front, Sitting in bed or sitting in chair.

Guy's and St Thomas' NHS Foundation Trust

Page No._____

Patients Name:			**NHS Number:**
DATE AND TIME	**Skin Appearance and Pressure Areas** *Document every visit	**Position of patient**	**Print Name & Sign**