

## TURNING CHART

Plan your patient's daily turning and movement regime.

- Identify pressure areas, which are at risk
- Ensure patient's waterlow assessment is up to date

Date: \_\_\_\_\_

| TIME  | PATIENTS POSITION | COMMENTS | SIGNATURE |
|-------|-------------------|----------|-----------|
| 01:00 |                   |          |           |
| 02:00 |                   |          |           |
| 03:00 |                   |          |           |
| 04:00 |                   |          |           |
| 05:00 |                   |          |           |
| 06:00 |                   |          |           |
| 07:00 |                   |          |           |
| 08:00 |                   |          |           |
| 09:00 |                   |          |           |
| 10:00 |                   |          |           |
| 11:00 |                   |          |           |
| 12:00 |                   |          |           |
| 13:00 |                   |          |           |
| 14:00 |                   |          |           |
| 15:00 |                   |          |           |
| 16:00 |                   |          |           |
| 17:00 |                   |          |           |
| 18:00 |                   |          |           |
| 19:00 |                   |          |           |
| 20:00 |                   |          |           |
| 21:00 |                   |          |           |
| 22:00 |                   |          |           |
| 23:00 |                   |          |           |
| 24:00 |                   |          |           |

### KEY

#### PATIENTS POSITION

- (M)** PATIENT MOBILISING  
**(L)** LEFT SIDE \_\_\_\_\_ Hrly  
**(R)** RIGHT SIDE  
**(P)** PRONE \*  
**(B)** BACK  
**(C)** TO SIT OUT IN ARM CHAIR  
**(T)** THERAPY (Physio, OT) For \_\_\_\_\_ Hour Only  
**(I)** INVESTIGATION (Imaging dept)

#### PLAN

\* Change patients position

\* Patient can sit in arm chair

