

Tissue Viability and Manual Handling Assessment for Women BMI 40 or Over

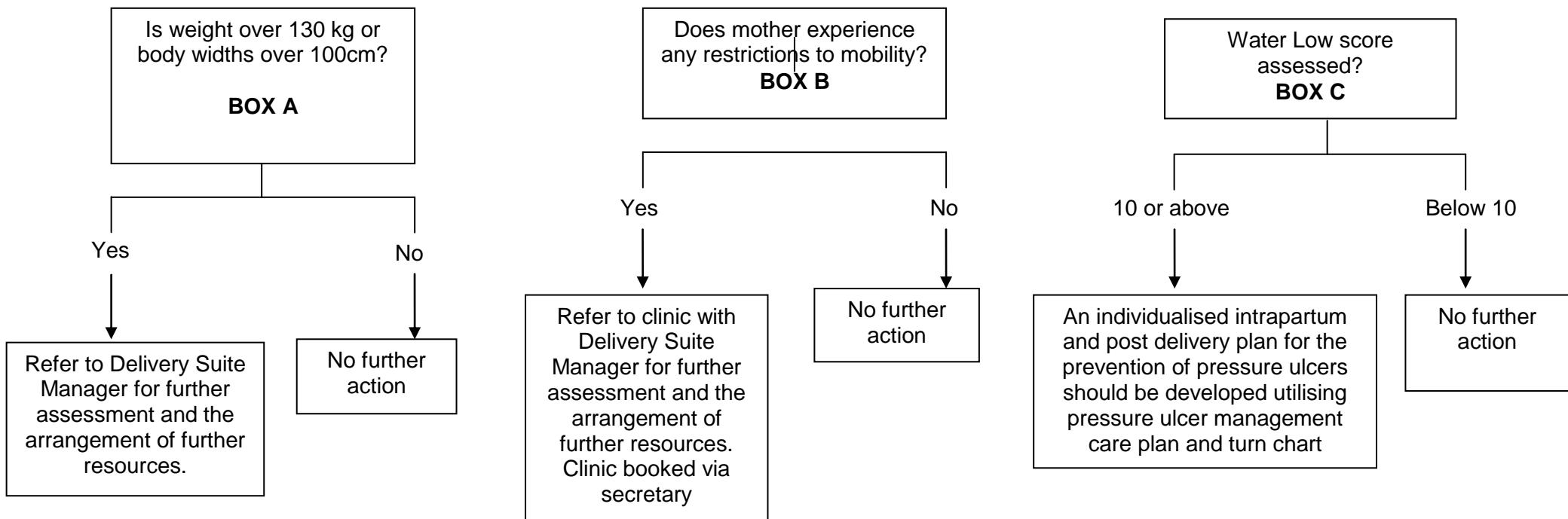
Name: _____

Date of Birth: _____

MRN: _____
(or affix PAS label here)

**BMI 40 or over ASSESS
BOX ABC**

**COSIDER EACH BOX AND TICK THE APPROPRIATE ACTION
BELOW THEN SIGN NAME AND DESIGNATION**



Assessor Name:

Signature:

Designation:

Date:

To be filed in maternity hand held notes

MODIFIED WATERLOW SCORE
For use with antenatal, intrapartum and postnatal women

BMI	★	Skin Type	★	Special Risks	★
< 18.5	3	Healthy	0	Smoking	1
18.6-24.9	0	Dry / Oedematous	1	Anaemia	2
25- 29.9	1	Clammy ↑ temp	1	Pre-eclampsia	3
30-39	2	Discoloured	2	Diabetes	4
>40	3	Broken Skin	3	Paraplegia	5-6
Mobility	★	Appetite	★	Continence	★
Fully Mobile	0	Average	0	Complete / catheterized	0
Apathetic	1	Poor	1	Stress incontinence	1
Restricted	2	Fluids only	2	Faecal incontinence	2
Immobile	3	NBM / Anorexic	3	Doubly incontinent	3
Age / Sex	★	Surgery	★	Medication	★
Female	2	Spinal / Epidural	5	High dose steroids	4
14 - 49	1	On table > 2 hours	5	Anti-inflammatories	4
Scores at Risk	>10	High risk	>13	Very High Risk	>20