

Tissue Tolerance and Individualized Turning Schedule



Resident: _____ Date: _____ Room #: _____

Recommended times for change in position are noted with desired position.

Codes: RS (right side) LS (left side) , B (back) OOB (lift/shift in chair) W/C, HOB (head of bed, raised seating) T (toileted)

When repositioning check after 30 minutes to see if the bony prominence is still red. Report to nurse.

Change every hour in W/C and at least ever 2 hours in bed. Do not raise HOB higher than 30 degrees unless directed by nurse.

Date	Check back after turned, red after 30 min? Indicate "no" or Location that is still red			Check back after turned, red after 30 min? Indicate "no" or Location that is still red			Check back after turned, red after 30 min? Indicate "no" or Location that is still red			Check back after turned, red after 30 min? Indicate "no" or Location that is still red		
	Desired position	Actual position & initials	or Location that is still red	Desired position	Actual position & initials	or Location that is still red	Desired position	Actual position & initials	or Location that is still red	Desired position	Actual position & initials	or Location that is still red
11:30 pm		/			/			/			/	
1:30 am		/			/			/			/	
3:30 am		/			/			/			/	
5:30 am		/			/			/			/	
7:30 am		/			/			/			/	
9:30 am		/			/			/			/	
11:30 am		/			/			/			/	
1:30 pm		/			/			/			/	
3:30 pm		/			/			/			/	
5:30 pm		/			/			/			/	
7:30 pm		/			/			/			/	
9:30 pm		/			/			/			/	
	Initial	Name		Initial	Name		Initial	Name		Initial	Name	

Document available at www.primaris.org

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