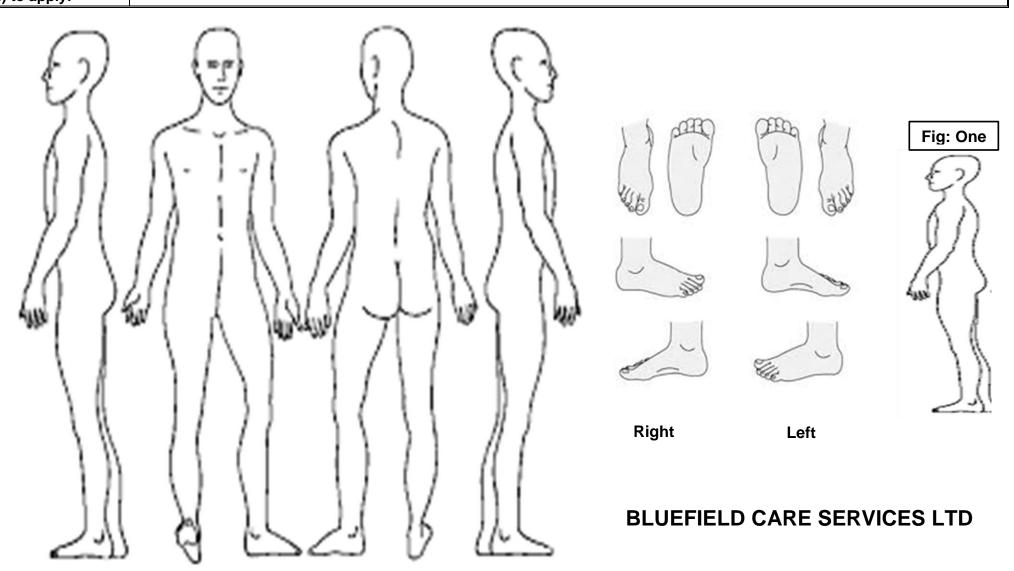
Bluefield Care Services. Skin Integrity -Body Map

Please indicate the areas of the body where the cream is to be applied. Where there is more than one area, please highlight **ALL** areas. For guidance on how to instruct the staff, please refer to Fig One. Where there is more than one area, highlight using the body map. Where it is a larger area, please shade in or circle the whole area. Where any area of the foot is involved show area of the foot as demonstrated in Fig one.

Name of client:	DOB		Address:			
Name of item:		Date Prescr	ibed:	Is the use of Glove Required?	YES	NO
Area(s) to apply:					_	



Application Record (if appropriate)							
Date	Time of call	Cream Applied by (Carer)	Site/Area cream applied Description & Action taken	Signature			