

## Norton Scale for Assessing Risk of Pressure Ulcers\*

Name: \_\_\_\_\_

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

Criterion	Score
<b>Physical condition</b>	4 = Good 3 = Fair 2 = Poor 1 = Very bad
<b>Mental condition</b>	4 = Alert 3 = Apathetic 2 = Confused 1 = Stupor
<b>Activity</b>	4 = Ambulant 3 = Walk with help 2 = Chair bound 1 = Bed bound
<b>Mobility</b>	4 = Full 3 = Slightly impaired 2 = Very limited 1 = Immobile
<b>Incontinent</b>	4 = Not 3 = Occasionally 2 = Usually/Urine 1 = Doubly

TOTAL SCORE = \_\_\_\_\_

\*Calculated as the sum of the scores in all 5 areas. A score < 14 indicates a high risk of pressure ulcer development.

Source: Doreen Norton, Rhoda McLaren and A N Exton-Smith, An Investigation of Geriatric Nursing Problems in Hospital, © National Corporation for the Care of Old People (now Centre for Policy on Ageing), London, 1962.