## Mattress Audit Tool

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Ward: Date:** | | | | | | | |
| **Bed area** | **Is mattress cover in good condition? If no, state-(ripped/torn/burn/**  **puncture holes, signs of perishing)** | **Is mattress cover visibly clean and free from stains?** | **Is the mattress foam in good condition e.g. no stains, no strike through?** | **Is the bed frame clean?** | **Are all pillow cases heat sealed and in good condition?** | **Record mattress number and make.** | **Actions/Comments** | **Signature** |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |

**Mattress test:** Examine the mattress. There should be no staining visible, examine for strike through especially around the zipped areas of the mattress.

**NB**. Audit to be conducted monthly or on patient discharge whichever comes first. Hard copies of this tool to be saved in IPC Evidence Folder in audit section