

WOUND ASSESSMENT — ADMISSION



Clinical Notes Attached

Member Name	ID	Date	Facility
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Admitting Diagnoses	Wound #1
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TYPE

Surgical Arterial Venous

Foot Wound Pressure Trauma

Other

Comorbidities

History of Pressure Ulcers

History of Amputation

Diabetes

Alc result: _____ Date: _____

HTN

Renal failure On Dialysis

Paralysis

Other

LOCATION

Over bony prominences

Under a medical device (e.g. O₂ mask, tubing)

Site of previously healed ulcer?

Dimensions:

Granulation _____ % Eschar _____ %

Necrosis _____ % Slough _____ %

Undermining _____ % Tunneling _____ %

Stage: 1 2 3 4 5

Pain: 1 2 3 4 5 6 7 8 9 10

Functional Status

Bed Bound Chair Bound Ambulatory

Structural risk assessment used to identify patients at risk for pressure ulcers? Yes No

WOUND CULTURE

Source:

Nutrition/Hydration Status

Oral Intake Good Fair Poor

TPN Intake Yes No

External Intake Yes No

If intake is fair-poor has a nutrition/education referral been made? Yes No

If so, when?

Labs: Albumin Pre-Albumin Hgb

Date: _____ Results: _____

Nutritional supplement used:

Date Collected:

*Attach Report

IMAGING

Area:

<input type="checkbox"/> Xray	<input type="checkbox"/> U/S	<input type="checkbox"/> CT	<input type="checkbox"/> MRI
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Physical Supports

Special mattress used? Yes No

Incontinence pad needed? Yes No

Offloading devices used? Yes No

Chair pressure reduction cushion used? Yes No

Support surfaces/devices needed:

*Attach Report

ANTIBIOTIC TREATMENT

Current

Past (med and dates given, PO vs IV)

Patient Factors

Smoker? Yes No

If yes, were tobacco cessation services offered? Yes No

Substance abuse? Yes No

If yes, was rehab offered? Yes No

Member, caregiver educated about pressure ulcer prevention and management? Yes No