

WOUND ASSESSMENT — FOLLOW UP



Clinical Notes Attached

Member Name	ID	Date	Facility
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Functional Status	Nutrition/Hydration Status	
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<input type="checkbox"/> Bed Bound <input type="checkbox"/> Chair Bound <input type="checkbox"/> Ambulatory Structural risk assessment used to identify patients at risk for pressure ulcers? <input type="checkbox"/> Yes <input type="checkbox"/> No	Oral Intake <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor TPN Intake <input type="checkbox"/> Yes <input type="checkbox"/> No External Intake <input type="checkbox"/> Yes <input type="checkbox"/> No If intake is fair-poor has a nutrition/education referral been made? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, when?	Labs: <input type="checkbox"/> Albumin <input type="checkbox"/> Pre-Albumin <input type="checkbox"/> Hgb Date: _____ Results: _____ Nutritional supplement used:
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Wound #1 Follow up	Wound #2 Follow up	Wound #3 Follow up
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TYPE <input type="checkbox"/> Surgical <input type="checkbox"/> Arterial <input type="checkbox"/> Venous <input type="checkbox"/> Foot Wound <input type="checkbox"/> Pressure <input type="checkbox"/> Trauma <input type="checkbox"/> Other	TYPE <input type="checkbox"/> Surgical <input type="checkbox"/> Arterial <input type="checkbox"/> Venous <input type="checkbox"/> Foot Wound <input type="checkbox"/> Pressure <input type="checkbox"/> Trauma <input type="checkbox"/> Other	TYPE <input type="checkbox"/> Surgical <input type="checkbox"/> Arterial <input type="checkbox"/> Venous <input type="checkbox"/> Foot Wound <input type="checkbox"/> Pressure <input type="checkbox"/> Trauma <input type="checkbox"/> Other
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LOCATION <input type="checkbox"/> Over bony prominences <input type="checkbox"/> Under a medical device (e.g. O2 mask, tubing) <input type="checkbox"/> Site of previously healed ulcer?	LOCATION <input type="checkbox"/> Over bony prominences <input type="checkbox"/> Under a medical device (e.g. O2 mask, tubing) <input type="checkbox"/> Site of previously healed ulcer?	LOCATION <input type="checkbox"/> Over bony prominences <input type="checkbox"/> Under a medical device (e.g. O2 mask, tubing) <input type="checkbox"/> Site of previously healed ulcer?
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Dimensions:	Dimensions:	Dimensions:
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Granulation _____ % Eschar _____ %	Granulation _____ % Eschar _____ %	Granulation _____ % Eschar _____ %
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Necrosis _____ % Slough _____ %	Necrosis _____ % Slough _____ %	Necrosis _____ % Slough _____ %
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Undermining _____ % Tunneling _____ %	Undermining _____ % Tunneling _____ %	Undermining _____ % Tunneling _____ %
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Stage 1 2 3 4 5 Improved? <input type="checkbox"/> Yes <input type="checkbox"/> No	Stage 1 2 3 4 5 Improved? <input type="checkbox"/> Yes <input type="checkbox"/> No	Stage 1 2 3 4 5 Improved? <input type="checkbox"/> Yes <input type="checkbox"/> No
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If no, plan changes? <input type="checkbox"/> Yes <input type="checkbox"/> No	If no, plan changes? <input type="checkbox"/> Yes <input type="checkbox"/> No	If no, plan changes? <input type="checkbox"/> Yes <input type="checkbox"/> No
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<input type="checkbox"/> Antibiotic started or changed <input type="checkbox"/> Referred to wound care <input type="checkbox"/> Referred to infectious disease <input type="checkbox"/> Referred to vascular surgery <input type="checkbox"/> Other (list)	<input type="checkbox"/> Antibiotic started or changed <input type="checkbox"/> Referred to wound care <input type="checkbox"/> Referred to infectious disease <input type="checkbox"/> Referred to vascular surgery <input type="checkbox"/> Other (list)	<input type="checkbox"/> Antibiotic started or changed <input type="checkbox"/> Referred to wound care <input type="checkbox"/> Referred to infectious disease <input type="checkbox"/> Referred to vascular surgery <input type="checkbox"/> Other (list)
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Attach follow up culture or imaging	Attach follow up culture or imaging	Attach follow up culture or imaging
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Pain: 1 2 3 4 5 6 7 8 9 10	Pain: 1 2 3 4 5 6 7 8 9 10	Pain: 1 2 3 4 5 6 7 8 9 10
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Improved? <input type="checkbox"/> Yes <input type="checkbox"/> No	Improved? <input type="checkbox"/> Yes <input type="checkbox"/> No	Improved? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Plan:	Plan:	Plan:
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