NON-PRESSURE SKIN CONDITION REPORT

DIRECTIONS: Fill in	the appropriate be	eves and spaces. Co	mplete ene fe	orm for each o	kin condition			
	E ON DIAGRAM BE	<u> </u>	implete one ic	orni for each s	skiii condition.			
IDENTIFT SITE	E ON BIAGRAM BE	DATE	DATE FIRST OBSERVED:					
		SITE/	LOCATION: (Iden	tify on body form	s)			
1 17/1	$\{1, 1\}$	CONE	CONDITION IS:					
		O Sur O Ver O Mo	O Surgical ○ Non-surgical ○ Skin tear ○ Abrasion ○ Bruise ○ Burn ○ Venous/Stasis ulcer ○ Arterial ulcer ○ Diabetic ulcer ○ Laceration ○ Moisture-Associated Skin Damage (MASD) ○ Other:					
Anterio	or Posterior			K1				
С	XUDATE TYPE O None O Serous O XUDATE AMOUNT	Serosanguineous O Puru	flent C	(9 • 3)	nneling (cm) dermining (cm)	7		
	None O Light O M	oderate O Heavy	G12	TISSUE TYPE				
, ,	DOR			O Epithelial O C	Granulation O Slough	O Necrotic (Eschar)		
NOTES:	None O Slight O F	Oul		O Normal O Pir O Dark red/Purple	nk O Bright red O WI	nite/Gray pallor		
	2074GJ7g				SSUE/WOUND EDGES) Maceration		
	21			O Hardness/Indur	ation O Rolled edges	- Macoration		
- 35				CULTURE SENT				
				O Yes - Date:	Results:	O No		
				O Improved O I		d O Healed		
Date Physician Notified:		Date Family Notified:			nt treatment O Treatme	nt changed		
Date Dietary Notified:	F	Plan of Care Updated: O Y	es O No	PAIN \	ncing pain related to wou	ınd?		
Signature/Title:					Flow Sheet O No	illa.		
	XUDATE TYPE None O Serous O XUDATE AMOUNT	Serosanguineous O Puru	ilent	(9 • 3)	nneling (cm)			
	None O Light O M	oderate O Heavy		TISSUE TYPE				
	DOR				Granulation O Slough	O Necrotic (Eschar)		
NOTES:	None O Slight O F	oul			(IN COLOR nk	nite/Gray pallor		
				O Normal O Pe	SSUE/WOUND EDGES ripheral tissue edema ation O Rolled edges) Maceration		
				O Yes - Date:	Results:	O No		
				PROGRESS	No Change O Worsene			
Data Physician Notifical	-	Data Eamily Natificati		TREATMENT	, and the second			
Date Physician Notified:		Date Family Notified:	/os O No	O Continue currer	nt treatment O Treatme	nt changed		
Date Dietary Notified: Signature/Title:		Plan of Care Updated: O Y	es	Is resident experie	ncing pain related to wou	ind?		
NAME-Last	First	Middle	Attending Physician	า	Record No.	Room/Bed		

NON-PRESSURE SKIN CONDITION REPORT (Cont'd.)

DATE	EXUDATE TYPE					12				
			O Serosang	uineous O Pur	rulent	(9 • 3)	nneling(
SIZE IN CM (Length x Width)	EXUDATE AN						dermining	_ (cm)		
DEDTIL	O None O	Light	O Moderate	O Heavy		O Epithelial	Cranulation 0	Slough O Noo	ratio (Eachar)	
DEPTH (cm)	O None O	Slight	O Foul			SURROUNDING SI		slough Onec	rolic (Escriar)	
NOTES:	J None 3	Oligiti	3 i oui			O Normal O Pi		O White/Gra	y pallor	
						O Dark red/Purple SURROUNDING TI				
						O Normal O Pe			ration	
						O Hardness/Indur			idioii	
						CULTURE SENT				
						O Yes - Date:	Res	sults:	O No	
						PROGRESS				
						O Improved O	No Change O	Worsened O H	Healed	
Date Physician Notified:			Date Fami	y Notified:		TREATMENT	at troots and	Treetment chan	and	
_				•	Vac. O Na	O Continue currer	nt treatment o	rreatment chang	gea	
Date Dietary Notified:			_ Plan of Ca	re Updated: O	Yes O No	Is resident experie	encing pain relate			
Signature/Title:						O Yes - See Pain	Flow Sheet OA	10	<u> </u>	
DATE	EXUDATE TY		ОСоносоно	uineeue O Dur	ulant A	Tur	nneling((cm)		
SIZE IN CM (Length x Width)	EXUDATE AM		O Serosang	uineous O Pur	ulent	9 3 Un	dermining	_ (cm)	\wedge	
			O Moderate	O Heavy	0/1/6/2	TISSUE TYPE				
DEPTH (cm)	ODOR			3) (8		O Epithelial O	Granulation O	Slough O Nec	rotic (Eschar)	
	O None O	Slight	O Foul			SURROUNDING S				
NOTES:			0 0	0,9,		O Normal O Pin			y pallor	
			2018	20		SURROUNDING TI				
		- 5	5		-	O Normal O Pe	•		ration	
		200	<u> </u>	$\overline{}$		O Hardness/Indur		edges		
	255	1/		7/			Λ		2	
	500		-	//		O Yes - Date: PROGRESS	Res	sults:	O No	
						O Improved O			-lealed	
					1	TREATMENT		Wereened 91	Todiod	
Date Physician Notified:		<i></i>	Date Fami	y Notified:		O Continue currer	nt treatment O	Treatment change	ged	
Date Dietary Notified:			_ Plan of Ca	re Updated: O	Yes O No	PAIN				
Signature/Title:						Is resident experie				
DATE	EXUDATE TY	PE								
	O None O	Serous	O Serosang	uineous O Pur	ulent	(9 • 3) Tur	nneling(
SIZE IN CM (Length x Width)	EXUDATE AM					$\overline{}$	dermining	_ (cm)		
		Light	O Moderate	O Heavy		TISSUE TYPE			(5)	
DEPTH (cm)	ODOR	Climbt	O Faul	9	,	O Epithelial O C		Slough O Nec	rotic (Eschar)	
NOTES:	O None O	Slight	O Foul			O Normal O Pi		☐ ○ White/Gra	y pallor	
NOTES:						O Dark red/Purple	e O Black/Brow	vn	7 [
						SURROUNDING TI			votion	
						☐ O Normal O Peripheral tissue edema O Maceration O Hardness/Induration O Rolled edges				
						CULTURE SENT				
						O Yes - Date:	Res	sults:	O No	
						PROGRESS				
						O Improved O	No Change O	Worsened O H	Healed	
					TREATMENT					
,	Physician Notified: Date Family Notified:				O Continue current treatment O Treatment changed PAIN					
Date Dietary Notified: Plan of Care Updated: O Yes O No				Is resident experiencing pain related to wound?						
Signature/Title:						O Yes - See Pain	• .			
NAME-Last	Fir	st		Middle	Attending Physicia	n	Record No.	Room/	/Bed	