SKIN CONDITION RECORD FOR NON-PRESSURE ULCER SKIN CONDITIONS

DIRECTIONS: Fill in the appropriate boxes and spaces. *Complete one form for each skin condition.						
	ITE ON DIAGRAI	· · · · · · · · · · · · · · · · · · ·		•		
				SITE/LOCATION: (Indicate on body form)		
Ante	erior Poster	rior	CONDITION IS: Surgical Non-surgical Skin tear Abrasion Bruise Burn Venous/Stasis ulcer Arterial ulcer Diabetic ulcer Moisture-Associated Skin Damage (MASD) Other:			
DATE SIZE IN CM (Length x Width)	EXUDATE TYPE O None O Serou EXUDATE AMOUNT	s O Serosanguineous	O Pur	ulent	Tunneling (cm) 9 • 3 Undermining (cm)	
OILL III OM (Lengur x Widui)		O Moderate O Heav	A ST		TISSUE TYPE	
DEPTH (cm)	ODOR O None O Slight	O Faul			O Epithelial O Granulation O Slough O Necrotic (Escha SURROUNDING SKIN COLOR	ar)
COMMENTS:	O Notice O'Slight	O Pour			O Normal O Pink O Bright red O White/Gray pallor Dark red/purple O Black/Brown SURROUNDING TISSUE/WOUND EDGES	
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			O Normal O Peripheral tissue edema O Maceration	
	3500				O Hardness/Induration O Rolled edges CULTURE SENT	
		7				O No
		/		7	PROGRESS	
	_		//		O Improved O No Change O Worsened O Healed	
Date Physician Notified:		Date Family Notifie	ed:		Continue current treatment Continue Current Continue C	
Date Dietary Notified:		Plan of Care Upda	ted: OY	es Q No	PAIN	
Signature/Title:					Is resident experiencing pain related to wound? O Yes – See Pain Flow Sheet O No	
DATE SIZE IN CM (Length x Width)	O None O Serou EXUDATE AMOUNT	s O Serosanguineous	Pur	ulent	(cm) 12	
SIZE III OJII (Estigat y III)		O Moderate O Heav	/y		TISSUE TYPE	
DEPTH (cm)	ODOR				O Epithelial O Granulation O Slough O Necrotic (Escha	ar)
COMMENTS:	O None O Slight	O Foul			SURROUNDING SKIN COLOR O Normal O Pink O Bright red O White/Gray pallor Dark red/purple O Black/Brown SURROUNDING TISSUE/WOUND EDGES	
					O Normal O Peripheral tissue edema O Maceration O Hardness/Induration O Rolled edges	
					O Yes - Date: Results: Care Control Co	O No
					O Improved O No Change O Worsened O Healed	
Date Physician Notified:_		Date Family Notifie	ed:		TREATMENT ○ Continue current treatment ○ Treatment changed	
Date Dietary Notified:				es O No	PAIN	
Signature/Title:					Is resident experiencing pain related to wound? O Yes – See Pain Flow Sheet O No	
NAME-Last	First	Midd	le	Attending Physician	n Record No. Room/Bed	

SKIN CONDITION RECORD (Cont'd.) FOR NON-PRESSURE ULCER SKIN CONDITIONS

DATE	EXUDATE TYPE	12
	O None O Serous O Serosanguineous O Purulent	(g • 3) Tunneling (cm)
SIZE IN CM (Length x Width)	EXUDATE AMOUNT	Undermining (cm)
	O None O Light O Moderate O Heavy	TISSUE TYPE
DEPTH (cm)	ODOR	O Epithelial O Granulation O Slough O Necrotic (Eschar)
	O None O Slight O Foul	SURROUNDING SKIN COLOR
COMMENTS:		O Normal O Pink O Bright red O White/Gray pallor O Dark red/purple O Black/Brown
		SURROUNDING TISSUE/WOUND EDGES
		O Normal O Peripheral tissue edema O Maceration
		O Hardness/Induration O Rolled edges
		CULTURE SENT
		O Yes - Date: Results: O No
		PROGRESS
		O Improved O No Change O Worsened O Healed
D. D. Di di Nicol	Data Francis Marie I	TREATMENT
Date Physician Notified:	Date Family Notified:	
Date Dietary Notified:	Plan of Care Updated: O Yes	No Is resident experiencing pain related to wound?
Signature/Title:		O Yes – See Pain Flow Sheet O No
DATE	EXUDATE TYPE	
	O None O Serous O Serosanguineous O Purulent	(cm)
SIZE IN CM (Length x Width)	EXUDATE AMOUNT	Undermining (cm)
	O None O Light O Moderate O Heavy	TISSUE TYPE
DEPTH (cm)	ODOR	O Epithelial O Granulation O Slough O Necrotic (Eschar)
	O None O Slight O Foul	SURROUNDING SKIN COLOR
COMMENTS:		O Normal O Pink O Bright red O White/Gray pallor O Dark red/purple O Black/Brown
	504 C 180	SURROUNDING TISSUE/WOUND EDGES
		O Normal O Peripheral tissue edema O Maceration
		O Hardness/Induration O Rolled edges
		CULTURE SENT
		O Yes - Date: Results: O No
		PROGRESS
		O Improved O No Change O Worsened O Healed
		TREATMENT
Date Physician Notified:	Date Family Notified:	O Continue current treatment O Treatment changed
Date Dietary Notified:	Plan of Care Updated: O Yes	
Signature/Title:		Is resident experiencing pain related to wound? O Yes – See Pain Flow Sheet O No
DATE	EXUDATE TYPE	
	O None O Serous O Serosanguineous O Purulent	12 9 • 3 Tunneling (cm)
SIZE IN CM (Length x Width)	EXUDATE AMOUNT	Undermining (cm)
	O None O Light O Moderate O Heavy	TISSUE TYPE
DEPTH (cm)	ODOR	O Epithelial O Granulation O Slough O Necrotic (Eschar)
	O None O Slight O Foul	SURROUNDING SKIN COLOR
COMMENTS:	1	O Normal O Pink O Bright red O White/Gray pallor
		O Dark red/purple O Black/Brown SURROUNDING TISSUE/WOUND EDGES
		O Normal O Peripheral tissue edema O Maceration
		O Hardness/Induration O Rolled edges
		CULTURE SENT
		O Yes - Date: Results: O No
		PROGRESS
		O Improved O No Change O Worsened O Healed
		TREATMENT
Date Physician Notified:	Date Family Notified:	O Continue current treatment O Treatment changed
	Plan of Care Updated: O Yes	Is resident experiencing pain related to wound?
Signature/Title:	· · · · · · · · · · · · · · · · · · ·	O Yes – See Pain Flow Sheet O No
NAME-Last	First Middle Atte	nding Physician Record No. Room/Bed