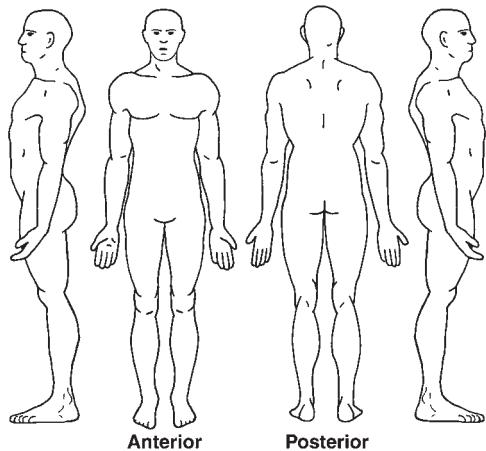


SKIN CONDITION RECORD FOR NON-PRESSURE ULCER SKIN CONDITIONS

DIRECTIONS: Fill in the appropriate boxes and spaces. *Complete one form for each skin condition.

IDENTIFY SITE ON DIAGRAM BELOW



DATE FIRST OBSERVED: _____

SITE/LOCATION: (Indicate on body form) _____

CONDITION IS:

- Surgical Non-surgical Skin tear Abrasion Bruise Burn
- Venous/Stasis ulcer Arterial ulcer Diabetic ulcer
- Moisture-Associated Skin Damage (MASD)
- Other: _____



DATE	EXUDATE TYPE
	<input type="radio"/> None <input type="radio"/> Serous <input type="radio"/> Serosanguineous <input type="radio"/> Purulent
SIZE IN CM (Length x Width)	EXUDATE AMOUNT
	<input type="radio"/> None <input type="radio"/> Light <input type="radio"/> Moderate <input type="radio"/> Heavy
DEPTH (cm)	ODOR
	<input type="radio"/> None <input type="radio"/> Slight <input type="radio"/> Foul



Tunneling _____ (cm)
Undermining _____ (cm)

COMMENTS:

Date Physician Notified: _____ Date Family Notified: _____

Date Dietary Notified: _____ Plan of Care Updated: Yes No

Signature/Title: _____

TISSUE TYPE

Epithelial Granulation Slough Necrotic (Eschar)

SURROUNDING SKIN COLOR

Normal Pink Bright red White/Gray pallor
 Dark red/purple Black/Brown

SURROUNDING TISSUE/WOUND EDGES

Normal Peripheral tissue edema Maceration
 Hardness/Induration Rolled edges

CULTURE SENT

Yes - Date: _____ Results: _____ No

PROGRESS

Improved No Change Worsened Healed

TREATMENT

Continue current treatment Treatment changed

PAIN

Is resident experiencing pain related to wound?
 Yes - See Pain Flow Sheet No

DATE	EXUDATE TYPE
	<input type="radio"/> None <input type="radio"/> Serous <input type="radio"/> Serosanguineous <input type="radio"/> Purulent
SIZE IN CM (Length x Width)	EXUDATE AMOUNT
	<input type="radio"/> None <input type="radio"/> Light <input type="radio"/> Moderate <input type="radio"/> Heavy
DEPTH (cm)	ODOR
	<input type="radio"/> None <input type="radio"/> Slight <input type="radio"/> Foul



Tunneling _____ (cm)
Undermining _____ (cm)

COMMENTS:

Date Physician Notified: _____ Date Family Notified: _____

Date Dietary Notified: _____ Plan of Care Updated: Yes No

Signature/Title: _____

TISSUE TYPE

Epithelial Granulation Slough Necrotic (Eschar)

SURROUNDING SKIN COLOR

Normal Pink Bright red White/Gray pallor
 Dark red/purple Black/Brown

SURROUNDING TISSUE/WOUND EDGES

Normal Peripheral tissue edema Maceration
 Hardness/Induration Rolled edges

CULTURE SENT

Yes - Date: _____ Results: _____ No

PROGRESS

Improved No Change Worsened Healed

TREATMENT




Continue current treatment Treatment changed

PAIN

Is resident experiencing pain related to wound?
 Yes - See Pain Flow Sheet No

NAME—Last	First	Middle	Attending Physician	Record No.	Room/Bed
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SKIN CONDITION RECORD (Cont'd.) FOR NON-PRESSURE ULCER SKIN CONDITIONS

DATE	EXUDATE TYPE <input type="radio"/> None <input type="radio"/> Serous <input type="radio"/> Serosanguineous <input type="radio"/> Purulent		Tunneling _____ (cm)
SIZE IN CM (Length x Width)	EXUDATE AMOUNT <input type="radio"/> None <input type="radio"/> Light <input type="radio"/> Moderate <input type="radio"/> Heavy		Undermining _____ (cm)
DEPTH (cm)	ODOR <input type="radio"/> None <input type="radio"/> Slight <input type="radio"/> Foul	TISSUE TYPE <input type="radio"/> Epithelial <input type="radio"/> Granulation <input type="radio"/> Slough <input type="radio"/> Necrotic (Eschar)	
COMMENTS: _____ _____ _____ _____ _____	SURROUNDING SKIN COLOR <input type="radio"/> Normal <input type="radio"/> Pink <input type="radio"/> Bright red <input type="radio"/> White/Gray pallor <input type="radio"/> Dark red/purple <input type="radio"/> Black/Brown		
	SURROUNDING TISSUE/WOUND EDGES <input type="radio"/> Normal <input type="radio"/> Peripheral tissue edema <input type="radio"/> Maceration <input type="radio"/> Hardness/Induration <input type="radio"/> Rolled edges		
	CULTURE SENT <input type="radio"/> Yes - Date: _____ Results: _____ <input type="radio"/> No		
	PROGRESS <input type="radio"/> Improved <input type="radio"/> No Change <input type="radio"/> Worsened <input type="radio"/> Healed		
	TREATMENT <input type="radio"/> Continue current treatment <input type="radio"/> Treatment changed		
Date Physician Notified: _____	Date Family Notified: _____	PAIN Is resident experiencing pain related to wound? <input type="radio"/> Yes - See Pain Flow Sheet <input type="radio"/> No	
Date Dietary Notified: _____	Plan of Care Updated: <input type="radio"/> Yes <input type="radio"/> No	Signature/Title: _____	
DATE	EXUDATE TYPE <input type="radio"/> None <input type="radio"/> Serous <input type="radio"/> Serosanguineous <input type="radio"/> Purulent		Tunneling _____ (cm)
SIZE IN CM (Length x Width)	EXUDATE AMOUNT <input type="radio"/> None <input type="radio"/> Light <input type="radio"/> Moderate <input type="radio"/> Heavy		Undermining _____ (cm)
DEPTH (cm)	ODOR <input type="radio"/> None <input type="radio"/> Slight <input type="radio"/> Foul	TISSUE TYPE <input type="radio"/> Epithelial <input type="radio"/> Granulation <input type="radio"/> Slough <input type="radio"/> Necrotic (Eschar)	
COMMENTS: _____ _____ _____ _____ _____	SURROUNDING SKIN COLOR <input type="radio"/> Normal <input type="radio"/> Pink <input type="radio"/> Bright red <input type="radio"/> White/Gray pallor <input type="radio"/> Dark red/purple <input type="radio"/> Black/Brown		
	SURROUNDING TISSUE/WOUND EDGES <input type="radio"/> Normal <input type="radio"/> Peripheral tissue edema <input type="radio"/> Maceration <input type="radio"/> Hardness/Induration <input type="radio"/> Rolled edges		
	CULTURE SENT <input type="radio"/> Yes - Date: _____ Results: _____ <input type="radio"/> No		
	PROGRESS <input type="radio"/> Improved <input type="radio"/> No Change <input type="radio"/> Worsened <input type="radio"/> Healed		
	TREATMENT <input type="radio"/> Continue current treatment <input type="radio"/> Treatment changed		
Date Physician Notified: _____	Date Family Notified: _____	PAIN Is resident experiencing pain related to wound? <input type="radio"/> Yes - See Pain Flow Sheet <input type="radio"/> No	
Date Dietary Notified: _____	Plan of Care Updated: <input type="radio"/> Yes <input type="radio"/> No	Signature/Title: _____	
DATE	EXUDATE TYPE <input type="radio"/> None <input type="radio"/> Serous <input type="radio"/> Serosanguineous <input type="radio"/> Purulent		Tunneling _____ (cm)
SIZE IN CM (Length x Width)	EXUDATE AMOUNT <input type="radio"/> None <input type="radio"/> Light <input type="radio"/> Moderate <input type="radio"/> Heavy		Undermining _____ (cm)
DEPTH (cm)	ODOR <input type="radio"/> None <input type="radio"/> Slight <input type="radio"/> Foul	TISSUE TYPE <input type="radio"/> Epithelial <input type="radio"/> Granulation <input type="radio"/> Slough <input type="radio"/> Necrotic (Eschar)	
COMMENTS: _____ _____ _____ _____ _____	SURROUNDING SKIN COLOR <input type="radio"/> Normal <input type="radio"/> Pink <input type="radio"/> Bright red <input type="radio"/> White/Gray pallor <input type="radio"/> Dark red/purple <input type="radio"/> Black/Brown		
	SURROUNDING TISSUE/WOUND EDGES <input type="radio"/> Normal <input type="radio"/> Peripheral tissue edema <input type="radio"/> Maceration <input type="radio"/> Hardness/Induration <input type="radio"/> Rolled edges		
	CULTURE SENT <input type="radio"/> Yes - Date: _____ Results: _____ <input type="radio"/> No		
	PROGRESS <input type="radio"/> Improved <input type="radio"/> No Change <input type="radio"/> Worsened <input type="radio"/> Healed		
	TREATMENT <input type="radio"/> Continue current treatment <input type="radio"/> Treatment changed		
Date Physician Notified: _____	Date Family Notified: _____	PAIN Is resident experiencing pain related to wound? <input type="radio"/> Yes - See Pain Flow Sheet <input type="radio"/> No	
Date Dietary Notified: _____	Plan of Care Updated: <input type="radio"/> Yes <input type="radio"/> No	Signature/Title: _____	

NAME-Last	First	Middle	Attending Physician
			Record No.
			Room/Bed