WEEKLY PRESSURE INJURY RECORD

Displace Mellitus Displace Mellitus Denotrience Parallysis Sepsis Venous Arterial Displace Mellitus Disp	IDENTIFY SITE ON DIAGRAM BELOW		RISK FACTORS/CAUSE					
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Suga 4: full-trief on with a localized area of non-Barchalte organisms, which may appear dissensity in dusty by prevented such memory and a charges in security in the charges in security in the charges in security in the charges in the charges in security in the charges in th		☐ End-stage dise	ase Other					
delin Personne of branchable enytheras or change in sensetion, impression or femores may proceed and changes. Stage 2 First Principles load of situ in the appointed form in the world and may also present as in infact or right and may also present as in infact or right and may also present as in infact or right and search filled billers. Granulation issue, sough and sector are or red, moist and may also present as in infact or right and search filled billers. Granulation issue, sough and sector are or red, moist and may also present as in infact or right and search filled billers. Granulation issue, sough and sectors are or red, moist and may also present as in infact or right and search filled billers. Florids, made, funds, figured, carriage matter to traver are not exposed. Stage 6 Firefrichress ask man tables so see with scener or descript participles to descript a control of search and provided in a search and provided and provided in control of the search and provided in a se								
Luce cannot be confirmed because it is abouted by slough or each at iremoved, a Stage 3 or memory. Posterior Posterior		skin. Presence of blanchable erythema or changes in sensation, temperature or firmness may precede visual changes. Color changes do not include purple or maroon discoloration; these may indicate deep tissue pressure injury. Stage 2: Partial-thickness loss of skin with exposed dermis. The wound bed is viable, pink or red, moist and may also present as an intact or ruptured serum-filled blister. Granulation tissue, slough and eschar are not present. Stage 3: Full-thickness loss of skin, in which adipose (fat) is visible in the ulcer and granulation tissue and epibole (rolled wound edges) are often present. Slough and/or eschar may be visible. Undermining and tunneling may occur. Fascia, muscle, tendon, ligament, cartilage and/or bone are not exposed. Stage 4: Full-thickness skin and tissue loss with exposed or directly palpable fascia, muscle, tendon, ligament, cartilage or bone in the ulcer. Slough and/or eschar may be visible. Epibole (rolled edges), undermining and/or						
Unstageable, Stage 3 or Stage 4) Working Device Related Pressure Injury: Injuries, resulting from the use of devices designed and applied for injury should be staged using reference injury generally confirmation to the shape of the device. This injury should be staged using reference injury from mouse membrage with a history of a medical device in use at the total part of the stage injury from mouse membrage with a history of a medical device in use at the total part of the stage in		Unstageable Pressure Injury: Full-thickness skin and tissue loss in which the extent of tissue damage within the ulcer cannot be confirmed because it is obscured by slough or eschar. If slough or eschar is removed, a Stage 3 or Stage 4 pressure injury will be revealed. Deep Tissue Pressure Injury: Intact or non-intact skin with localized area of persistent non-blanchable deep red, maroon, purple discoloration or epidermal skin color changes. If necrotic tissue, subcutaneous tissue, granulation						
DATE STAGE SIZE IN CM DEPTH EXUDATE Com TYPE/AMOUNT	Anterior Posterior	(Unstageable, Stage 3 or Stage 4). Medical Device Related Pressure Injury: Injuries resulting from the use of devices designed and applied for diagnostic or therapeutic purposes. The resultant pressure injury generally conforms to the shape of the device. This injury should be staged using the staging system. Mucosal Membrane Pressure Injury: Found on mucous membranes with a history of a medical device in use at the location of the injury. Due to the anatomy of the tissue, these injuries cannot be staged.						
CULTURE SENT No PREVENTIVE MEASURES/PROGRESS: Turned q hours Pressure relieving pain related to wound?	USE A SEPARATE FORM FOR EACH SITE				7			
CULTURE SENT No DATE MACRO Proof Proof Proof Provided Provide			ODOR WOUND BED					
Yes/Date No No No No No No No N		Undermining (cm)	2 \ \ \ \ \ \ \ \					
NUTRITIONAL/HYDRATION STATUS: Ideal body weight	CULTURE SENT Response to Treatment/Comments:			ı	DATE NOTIFIED			
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NUTRITIONAL/HYDRATION STATUS: deal body weight								
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No Dietary Physician Family Dietary Physician Family		Tunneling (cm)	ODOR WOUND BED					
Dietary Physician Family	CULTURE SENT Response to Treatment/Comments:			1	DATE NOTIFIED			
NUTRITIONAL/HYDRATION STATUS: Ideal body weight				Dietary	Physician	Family		
Ideal body weight O At O Above O Below Actual weight O Stable O Gaining O Losing Food intake O 75-100% O 50-75% O Below 50% Skin turgor O Good O Fair O Poor Urine O Adequate O Inadequate Signature/Title: Paln: Is resident experiencing pain related to wound? Turned q hours Pressure relieving interventions Pressure relieving interventions Urine d hours Pressure relieving interventions Pressure relieving interventions Pressure relieving interventions Pressure relieving interventions Urine d hours Pressure relieving interventions Pressure relieving interven	○ No			DATE HEALED				
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Urine	Actual weight O Stable O Gaining Food intake 75-100% O 50-75%	O Losing O Below 50%						
Signature/Title: PAIN: Is resident experiencing pain related to wound?	l ~		☐ High protein supplements	☐ Multivitamins/7	Zinc			
O 165 - See 1 airi now Sheet. O No O Shable to communicate	<u>'</u>		PAIN: Is resident experiencing	pain related to wou	ınd?	ınicate		
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WEEKLY PRESSURE INJURY RECORD (Cont'd.)

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