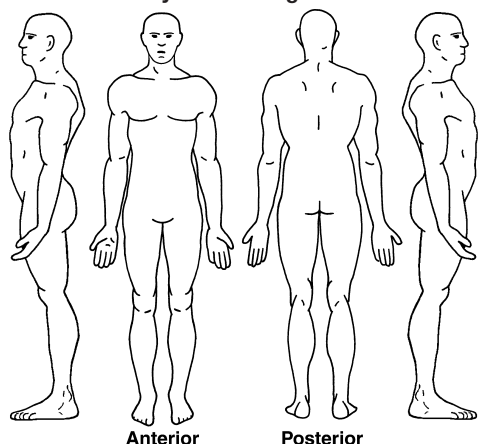








WEEKLY PRESSURE INJURY RECORD

Identify site on diagram below				RISK FACTORS/CAUSE					
 <p style="text-align: center;">Anterior Posterior</p>				<input type="checkbox"/> Diabetes Mellitus <input type="checkbox"/> Incontinence <input type="checkbox"/> Paralysis <input type="checkbox"/> Sepsis <input type="checkbox"/> Venous <input type="checkbox"/> Arterial <input type="checkbox"/> End-stage renal disease <input type="checkbox"/> Other _____					
				DESCRIPTION OF STAGES					
<p>Stage 1: Intact skin with a localized area of non-blanchable erythema, which may appear differently in darkly pigmented skin. Presence of blanchable erythema, redness or changes in sensation, temperature or firmness may precede visual changes. Color changes of intact skin, such as purple or maroon discoloration, may indicate deep tissue pressure injury.</p> <p>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 open/ruptured blister. Granulation tissue, slough and eschar are not present.</p> <p>Stage 3: Full-thickness loss of skin, in which subcutaneous fat may be visible in the ulcer and granulation tissue and epibole (rolled wound edges) are often present. Slough and/or eschar may be visible but does not obscure the depth of tissue loss. Undermining and tunneling may occur. Fascia, muscle, tendon, ligament, cartilage and/or bone are not exposed.</p> <p>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 tunneling often occur. Depth varies by anatomical location.</p> <p>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.</p> <p>Deep Tissue Pressure Injury: Intact skin with localized area of persistent non-blanchable deep red, maroon, purple discoloration due to damage of underlying soft tissue.</p> <p>Medical Device Related Pressure Injury: Pressure injury resulting from the use of devices designed and applied for diagnostic or therapeutic purposes. The discoloration may appear differently in darkly pigmented skin. The resultant pressure injury generally conforms to the shape of the device. This injury should be staged using the staging system.</p> <p>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.</p>									
<p>DATE OF ONSET: _____</p> <p>SITE/LOCATION: _____</p>				USE A SEPARATE FORM FOR EACH SITE					
DATE	STAGE	SIZE IN CM (LENGTH x WIDTH)	DEPTH (cm)	EXUDATE TYPE/AMOUNT	 Tunneling (cm) _____ Undermining (cm) _____	ODOR	WOUND BED	SURROUNDING SKIN COLOR	SURROUNDING TISSUE/ WOUND EDGES
CULTURE SENT <input type="radio"/> Yes/Date _____ <input type="radio"/> No _____						Response to Treatment/Comments: _____ _____ _____			
						DATE NOTIFIED			
						Dietary	Physician	Family	
						DATE HEALED			
NUTRITIONAL/HYDRATION STATUS: Ideal body weight..... <input type="radio"/> At <input type="radio"/> Above <input type="radio"/> Below Actual weight..... <input type="radio"/> Stable <input type="radio"/> Gaining <input type="radio"/> Losing Food intake <input type="radio"/> 75-100% <input type="radio"/> 50-75% <input type="radio"/> Below 50% Skin turgor..... <input type="radio"/> Good <input type="radio"/> Fair <input type="radio"/> Poor Urine <input type="radio"/> Adequate <input type="radio"/> Inadequate						PREVENTIVE MEASURES/PROGRESS: Turned q _____ hours Pressure relieving interventions _____ _____ <input type="checkbox"/> High protein supplements <input type="checkbox"/> Multivitamins/Zinc PAIN: Is resident experiencing pain related to wound? <input type="radio"/> Yes – See Pain Flow Sheet <input type="radio"/> No <input type="radio"/> Unable to communicate			
Signature/Title: _____									
DATE	STAGE	SIZE IN CM (LENGTH x WIDTH)	DEPTH (cm)	EXUDATE TYPE/AMOUNT	 Tunneling (cm) _____ Undermining (cm) _____	ODOR	WOUND BED	SURROUNDING SKIN COLOR	SURROUNDING TISSUE/ WOUND EDGES
CULTURE SENT <input type="radio"/> Yes/Date _____ <input type="radio"/> No _____						Response to Treatment/Comments: _____ _____ _____			
						DATE NOTIFIED			
						Dietary	Physician	Family	
						DATE HEALED			
NUTRITIONAL/HYDRATION STATUS: Ideal body weight..... <input type="radio"/> At <input type="radio"/> Above <input type="radio"/> Below Actual weight..... <input type="radio"/> Stable <input type="radio"/> Gaining <input type="radio"/> Losing Food intake <input type="radio"/> 75-100% <input type="radio"/> 50-75% <input type="radio"/> Below 50% Skin turgor..... <input type="radio"/> Good <input type="radio"/> Fair <input type="radio"/> Poor Urine <input type="radio"/> Adequate <input type="radio"/> Inadequate						PREVENTIVE MEASURES/PROGRESS: Turned q _____ hours Pressure relieving interventions _____ _____ <input type="checkbox"/> High protein supplements <input type="checkbox"/> Multivitamins/Zinc PAIN: Is resident experiencing pain related to wound? <input type="radio"/> Yes – See Pain Flow Sheet <input type="radio"/> No <input type="radio"/> Unable to communicate			
Signature/Title: _____									
NAME-Last		First		Middle		Attending Physician		Record No.	Room/Bed

WEEKLY PRESSURE INJURY RECORD (Cont'd.)

DATE	STAGE	SIZE IN CM (LENGTH x WIDTH)	DEPTH (cm)	EXUDATE TYPE/AMOUNT	 Tunneling (cm) _____ Undermining (cm) _____	ODOR	WOUND BED	SURROUNDING SKIN COLOR	SURROUNDING TISSUE/ WOUND EDGES				
CULTURE SENT		Response to Treatment/Comments: _____ _____						DATE NOTIFIED					
<input type="radio"/> Yes/Date								Dietary		Physician		Family	
<input type="radio"/> No								DATE HEALED					
NUTRITIONAL/HYDRATION STATUS: Ideal body weight <input type="radio"/> At <input type="radio"/> Above <input type="radio"/> Below Actual weight..... <input type="radio"/> Stable <input type="radio"/> Gaining <input type="radio"/> Losing Food intake <input type="radio"/> 75-100% <input type="radio"/> 50-75% <input type="radio"/> Below 50% Skin turgor <input type="radio"/> Good <input type="radio"/> Fair <input type="radio"/> Poor Urine <input type="radio"/> Adequate <input type="radio"/> Inadequate Signature/Title: _____ 						PREVENTIVE MEASURES/PROGRESS: Turned q _____ hours Pressure relieving interventions _____ _____ <input type="checkbox"/> High protein supplements <input type="checkbox"/> Multivitamins/Zinc PAIN: Is resident experiencing pain related to wound? <input type="radio"/> Yes – See Pain Flow Sheet <input type="radio"/> No <input type="radio"/> Unable to communicate							
CULTURE SENT		Response to Treatment/Comments: _____ _____						DATE NOTIFIED					
<input type="radio"/> Yes/Date								Dietary		Physician		Family	
<input type="radio"/> No								DATE HEALED					
NUTRITIONAL/HYDRATION STATUS: Ideal body weight <input type="radio"/> At <input type="radio"/> Above <input type="radio"/> Below Actual weight..... <input type="radio"/> Stable <input type="radio"/> Gaining <input type="radio"/> Losing Food intake <input type="radio"/> 75-100% <input type="radio"/> 50-75% <input type="radio"/> Below 50% Skin turgor <input type="radio"/> Good <input type="radio"/> Fair <input type="radio"/> Poor Urine <input type="radio"/> Adequate <input type="radio"/> Inadequate Signature/Title: _____ 						PREVENTIVE MEASURES/PROGRESS: Turned q _____ hours Pressure relieving interventions _____ _____ <input type="checkbox"/> High protein supplements <input type="checkbox"/> Multivitamins/Zinc PAIN: Is resident experiencing pain related to wound? <input type="radio"/> Yes – See Pain Flow Sheet <input type="radio"/> No <input type="radio"/> Unable to communicate							
CULTURE SENT		Response to Treatment/Comments: _____ _____						DATE NOTIFIED					
<input type="radio"/> Yes/Date								Dietary		Physician		Family	
<input type="radio"/> No								DATE HEALED					
NUTRITIONAL/HYDRATION STATUS: Ideal body weight <input type="radio"/> At <input type="radio"/> Above <input type="radio"/> Below Actual weight..... <input type="radio"/> Stable <input type="radio"/> Gaining <input type="radio"/> Losing Food intake <input type="radio"/> 75-100% <input type="radio"/> 50-75% <input type="radio"/> Below 50% Skin turgor <input type="radio"/> Good <input type="radio"/> Fair <input type="radio"/> Poor Urine <input type="radio"/> Adequate <input type="radio"/> Inadequate Signature/Title: _____ 						PREVENTIVE MEASURES/PROGRESS: Turned q _____ hours Pressure relieving interventions _____ _____ <input type="checkbox"/> High protein supplements <input type="checkbox"/> Multivitamins/Zinc PAIN: Is resident experiencing pain related to wound? <input type="radio"/> Yes – See Pain Flow Sheet <input type="radio"/> No <input type="radio"/> Unable to communicate							

NAME—Last

First

Middle

Attending Physician

Record No.

Room/Bed