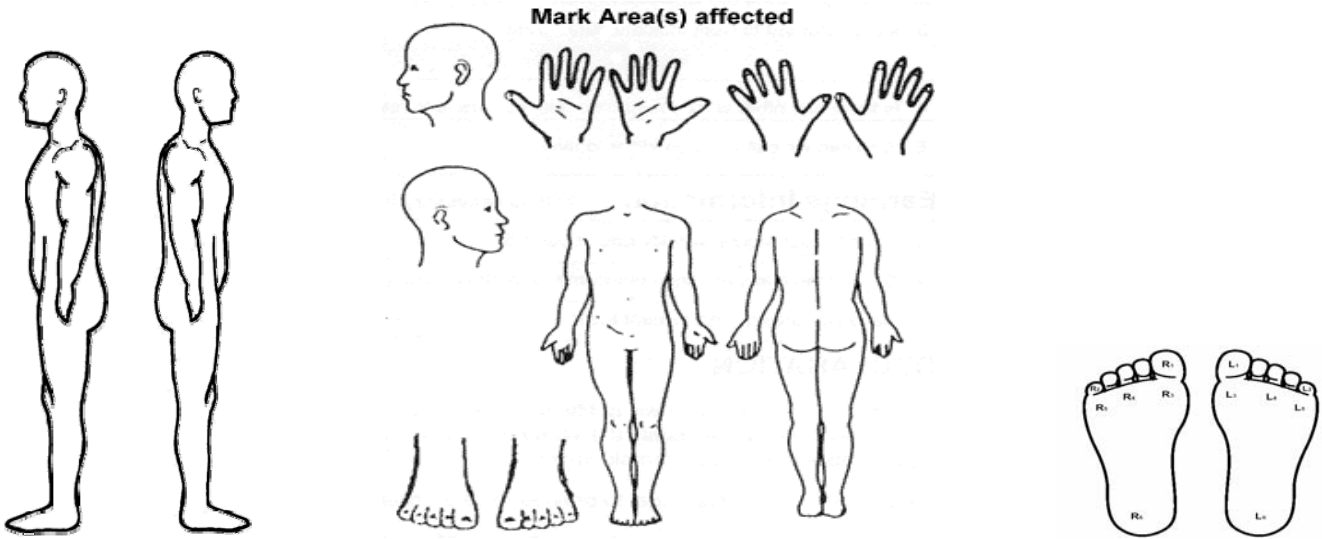


## SKIN OBSERVATION PROTOCOL PRESSURE ULCER ASSESSMENT AND DOCUMENTATION

(Use one form for each pressure ulcer)

CLIENT NAME	CLIENT ID	DATE
1. LOCATION OF WOUND (Describe here and indicate in pictorial diagram below):		
2. CLASSIFICATION STAGING (Check one): <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	3. MEASUREMENT OF WOUND Length:            cm    Width:            cm    Depth (visual estimate):            cm	
<b>Mark Area(s) affected</b>		
		
4. WOUND PAIN <input type="checkbox"/> Yes <input type="checkbox"/> No    If yes, describe: NO PAIN: <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 WORST PAIN IMAGINABLE		
5. Wound Exudate: (% saturation of dressing) <input type="checkbox"/> None: (0%) <input type="checkbox"/> Minimal: (<25% Saturation of Dressing) <input type="checkbox"/> Moderate: (26-75% Saturation of Dressing) <input type="checkbox"/> Heavy: (>75% Saturation of Dressing) <input type="checkbox"/> Serious: (Thin, Watery, Clear) <input type="checkbox"/> Sanguineous: (Bloody) <input type="checkbox"/> Purulent: (Thin or Thick, Opaque, Tan/Yellow) <input type="checkbox"/> Serosanguineous: (Thin Watery, Pale Red/Pink)		
6. ODOR: <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, describe:	
7. SURROUNDING SKIN <input type="checkbox"/> Erythema <input type="checkbox"/> Edema <input type="checkbox"/> Warm <input type="checkbox"/> Painful <input type="checkbox"/> Other:		
DESCRIBE:		
8. TUNNELING: <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, describe:	
8. UNDERMINING: <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, describe:	
9. WOUND BED <input type="checkbox"/> Granulation <input type="checkbox"/> Necrotic <input type="checkbox"/> Slough <input type="checkbox"/> Epithelial		
DESCRIBE:		

10. NOTES (Include current treatment(s) and recommendations to the service plan):

RN SIGNATURE

DATE