## Pressure Injury Assessment and Documentation

*Pressure Injury Numbering from Nursing Services Basic Injury Assessment*

*Use one form per pressure injury described.*

### Section 1. Client Information (Completed by DSHS or AAA Staff, RN, and/or Contractor)

<table>
<thead>
<tr>
<th>CLIENT NAME</th>
<th>DATE OF BIRTH</th>
<th>CLIENT ACES ID</th>
<th>CLIENT PROVIDER ONE ID</th>
</tr>
</thead>
</table>

### Pressure Injury Description

1. **PRESSURE INJURY NUMBER**
   From form 13-780 (pictorial diagram)

2. **LOCATION DESCRIPTION**

3. **PRESSURE INJURY CLASSIFICATION**
   - Staging (check one):
     - ☐ 1
     - ☐ 2
     - ☐ 3
     - ☐ 4
   - or (check one of the following):
     - ☐ Unstageable:
     - ☐ Suspected deep tissue injury reason:

4. **MEASUREMENT OF WOUND**
   - Length: __ cm
   - Width: __ cm
   - Depth (visual estimate): __ cm

5. **TUNNELING**
   - ☐ No
   - ☐ Yes. If yes, describe:

6. **UNDERMINING**
   - ☐ No
   - ☐ Yes. If yes, describe:

6.A. **WOUND EXUDATE: (% SATURATION OF DRESSING)**
   - ☐ None: (0%)
   - ☐ Moderate: (26-75% Saturation of Dressing)
   - ☐ Minimal: (<25% Saturation of Dressing)
   - ☐ Heavy: (>75% Saturation of Dressing)

   B. ☐ Serous: (Thin, Watery, Clear)
   - ☐ Purulent: (Thin or Thick, Opaque, Tan/Yellow)
   - ☐ Sanguineous: (Bloody)
   - ☐ Serosanguineous: (Thin Watery, Pale Red/Pink)

7. **WOUND BED**
   - ☐ Granulation
   - ☐ Slough
   - ☐ Necrotic
   - Comments:

8. **ODOR**
   - ☐ No
   - ☐ Yes. If yes, describe:

9. **PAIN SCALE**
   - NO PAIN
   - ☐ 0
   - ☐ 1
   - ☐ 2
   - ☐ 3
   - ☐ 4
   - ☐ 5
   - ☐ 6
   - ☐ 7
   - ☐ 8
   - ☐ 9
   - ☐ 10 WORST PAIN IMAGINABLE

10. **SURROUNDING SKIN**
    - ☐ Erythema
    - ☐ Edema
    - ☐ Warm
    - ☐ Induration (hard)
    - ☐ Other:
    - Comments:

11. **RN POST PRESSURE INJURY ASSESSMENT RECOMMENDATIONS TO DSHS CASE MANAGER (INCLUDING TREATMENT AND/OR RECOMMENDATIONS FOR HCP FOLLOW-UP, ADDITIONAL TREATMENT OR CARE NEEDS AND/OR RECOMMENDED CHANGES TO SERVICE PLAN)**