Pedal Pulses

**Initiate localized or systemic Rx if 3 or more criteria noted per NERDS or STONES lists.**

**LOCATION:** (Describe anatomically; i.e. L-trochanter)

**Measurements (cm)**

- L _______ cm
- W _______ cm
- D _______ cm

If ul, describe why:

**Undermining or Tunneling (cm)**

- U/T cm @ o’clock
- U/T cm @ o’clock

**Exudate**

- Amount: □ None; □ Scant/Min; □ Mod; □ Hvy/Copious
- Consistency: □ Serous
  - □ Sanguineous/bleeding
  - □ Serosanguineous
  - □ Pusulent
- Odor*: □ None; □ Min.; □ Mod.; □ Strong/Foul

**Infection/Critical Colonization**

- □ None or n/a
- □ Yes, the following noted:

  **Localized s/s:**
  - □ Non-healing
  - □ Size:
  - □ Exudate:
  - □ Temperature:
  - □ Red/visible
  - □ Osteo (probes to bone)
  - □ Debris
  - □ Smell/Odor
  - □ Edematous
  - □ New onset of pain
  - □ Erythema/Edema
  - □ Pain + than expected
  - □ Debris

- □ Cultures:
  - □ Positive
  - □ Negative

  **Systemic s/s:**
  - □ Yes

**Wound Bed**

- □ Epithelial Tissue (Stage 1, DTPI, or resurfaced [closed])
- □ Dermal Tissue (Pink/Red) *Partial or Stage 2 PU/PI
- □ Granulation: %
  - □ Pink, Red; Healthy
  - □ Pale Pink/Red; hypogranulation tissue
  - □ Hypergranulation tissue
  - □ Red, Frail/borderline fragile/bleeds and/or Dry
  - □ Necrotic: %
  - □ Slough (white/yellow/grey)
  - □ Eschar (intact/stable)
  - □ Eschar (unstable/tunneling/mushy/boggy)

**Wound Edges/Periwound**

- □ Edge epithelializing
  - □ Flush w/wound base
  - □ Edge attached to base
  - □ Infamed/Erythematous
  - □ Edge not attached to base
  - □ Indurated/Firm
  - □ Well defined wound edges
  - □ Irregular wound edges
  - □ Epiboly/Rolled
  - □ Hyperkeratotic (callous)

**Other:**

- □ Edema
- □ Other-e.g. weeping, dry, rash, blister

**Wound Assessment Form (Complicating Clinical Factors)**

**Address**

- Phone

**ETIOLOGY**

- □ Pressure
- □ Venous
- □ Arterial
- □ Neuropathic
- □ Surgical
- □ Other:

**SYSTEMIC S/S**

- □ Braden Score:

**Other Interventions:**

- □ NPWT
- □ E-stim
- □ Other modalities/interventions:

**Non-Pressure Injury**

- □ Partial
- □ Stg 1
- □ Stg 2
- □ Stg 3
- □ Stg 4
- □ DTPI

**Pressure Ulcer/Injury:**

- □ Full-thickness
- □ Unstageable: (check reason below)
  - □ Non-removable dressing/device
  - □ Slough/eschar
  - □ Deep tissue pressure injury

**Patient Assessment Form**

- □ SpO2:
- □ Temperature
- □ Pulse
- □ BP

**Other related factors**

- □ None

**Wound Healing Status**

- □ Yes

**Other:**

- □ Yes (Describe Rx)

**Page 1 of 2**

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### Wound Assessment Form (Complicating Clinical Factors)

**Resident Name:**

<table>
<thead>
<tr>
<th>Complicating Clinical Factors</th>
<th>Details - Identify variables/factors impacting resident’s condition or ability to progress towards wound closure</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Age</td>
<td>□ &gt; 65 years of age</td>
</tr>
</tbody>
</table>
| ☐ Chronicity                 | □ Stage 2 or Partial Thickness Wound w/o evidence of expected healing by 1-2 weeks  
                                 | □ Stage 3, 4 or Full Thickness Wound w/o expected reduction in size following 2-4 weeks of therapy             |
| ☐ Cognitive status           | □ Dementia □ Other Cognitive Impairment:                                                                             |
| ☐ Comorbidities              | □ Diabetes □ PAD □ ESRD □ Malignancy □ Anemia □ Other:                                                       |
| ☐ Thyroid Disease            | □ CHF □ Immune Deficiency Dx:                                                                                     |
| ☐ Incontinence               | □ Urinary □ Fecal □ Both □ Other Condition (ie, Cdiff):                                                      |
| ☐ Location                   | □ Pelvic/sacral region; prone to urine/feces contamination; □ Atypical wound location                         |
| ☐ Medications                | □ Rx affecting immune system, host defenses and/or skin integrity (Corticosteroids, immunosuppressives, sedatives, anticancer Rx, antiembolic/anticoagulant Rx) |
| ☐ Mobility Impairment/ Repositioning & increased risk for friction/shear | □ Impaired Mobility and/or decreased functional ability due to:                                              |
| ☐ Sensory deficits/ neurosensory conditions | □ Reduced Braden Sensation Perception Score □ Neurological Disease/Condition: (ie Parkinson’s disease, Peripheral Neuropathy, Spasticity, Multiple Sclerosis, CVA) |
| ☐ Nutrition/hydration deficits | □ Presence of Malnutrition □ Presence of Dehydration □ Skin Turgor ________________                           |
| ☐ Lab Values if available:   | □ Albumin_________ □ Prealbumin_________ □ Creatinine_________ □ BUN_________                                |
| ☐ Pain                       | □ Presence of wound related Pain □ Pain Rating/Intensity: Pain Type: □ Intermittent □ Constant               |
| ☐ Poor Prognosis             | □ Terminal Disease □ Systemic Infection □ Other: □ Maintenance Goal Appropriate to Implement: e.g. Palliative Care |
| ☐ Psychosocial/ Behavioral Issues | □ Refusal of care and/or treatment □ Poor adherence to interventions □ Behavior r/t dementia, delirium or psychosis, depression; fear of falling |
| ☐ Skin-Integrity impairment  | □ Advanced Age related skin changes □ Other skin condition or alterations (ie, dermatitis, skin tears, moisture associated skin damage): □ h/o wound at same location; Include Dates of Recurrences if known: |
| ☐ Vascular/ Cardiovascular condition | □ Impaired diffuse/systemic blood flow (Cardiovascular disease/condition, CHF, DM, general atherosclerosis): |
| ☐ Other barriers to examination, healing, or altered tissue tolerance or integrity. | □ Impaired localized blood flow (PVD: ie LE arterial/venous insufficiency, DM, or edema) □ Other: |
| ☐ Other clinical complicating factors/ Other comments | □ H/o or currently presenting with Cellulitis or Osteomyelitis □ Other s/s of decline: |

### Medical Professional’s Signature: ____________________________  Date: _____________

Print Name and Title: ____________________________  NPI #: ____________________________

Physician’s Signature: ____________________________

Physician’s Name (Print): ____________________________  Phone: ____________________________

Physicians Address: ____________________________  Fax: ____________________________

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