

Wound Assessment Form (Complicating Clinical Factors)

Facility	Resident Name	Health Care Insurance/Medicare
Address	DOB	Insurance/Medicare #
Phone	Gender	Physician Name
Braden Score: _____ Braden Risk: _____ Advanced to next level of risk due other major risk factors: <input type="checkbox"/> Yes <input type="checkbox"/> No See page 2 Complicating Factors		
Date Wound ID'd _____ <input type="checkbox"/> New Wound <input type="checkbox"/> Recurrence-Same etiology/same location <input type="checkbox"/> Date of Last Recurrence: _____	Etiology <input type="checkbox"/> Pressure <input type="checkbox"/> Venous <input type="checkbox"/> Arterial <input type="checkbox"/> Neuropathic <input type="checkbox"/> Surgical <input type="checkbox"/> Other: _____ Mixed (describe) _____	Depth of Tissue Destruction (Only stage pressure ulcers/injuries) <u>Non-Pressure Injury</u> <u>Pressure Ulcer/Injury:</u> <input type="checkbox"/> Partial <input type="checkbox"/> Stg 1 <input type="checkbox"/> Stg 2 <input type="checkbox"/> Stg 3 <input type="checkbox"/> Stg 4 <input type="checkbox"/> DTPI <input type="checkbox"/> Full-thickness <input type="checkbox"/> Unstageable: (check reason below) <input type="checkbox"/> Non-removable dressing/device <input type="checkbox"/> Slough/eschar; <input type="checkbox"/> Deep tissue pressure injury
LOCATIONS: (Describe anatomically: i.e. L-trochanter) _____ _____		
Measurements (cm) L _____ cm W _____ cm D _____ cm If utd, describe why: _____ Undermining or Tunneling (cm) U / T _____ cm @ _____ o'clock U / T _____ cm @ _____ o'clock	Wound Bed Tissue Type/Color & percent <input type="checkbox"/> Epithelial Tissue (Stage 1, DTPI, or resurfaced [closed]) <input type="checkbox"/> Dermal Tissue (Pink/Red) *Partial or Stage 2 PU/PI <input type="checkbox"/> Granulation: _____% <input type="checkbox"/> Pink, Red; Healthy <input type="checkbox"/> Pale Pink/Red; hypogranular tissue <input type="checkbox"/> Hypergranulation tissue <input type="checkbox"/> Red, Friable (fragile/bleeds) and/or Dusky <input type="checkbox"/> Necrotic: _____% <input type="checkbox"/> Slough (white/yellow/gray) <input type="checkbox"/> Eschar (intact/stable) <input type="checkbox"/> Eschar (unstable/fluctuant/mushy/boggy) <input type="checkbox"/> Other: (eg. tendon/muscle/bone) _____	Pain <input type="checkbox"/> None <input type="checkbox"/> Yes: Intensity Rating (1-10) _____ Location: _____ Nature/Type Radiate/local _____ <input type="checkbox"/> Chronic wound pain <input type="checkbox"/> Cyclical acute wound pain (eg. dressing change) <input type="checkbox"/> Noncyclical wound pain (eg. debridement) Frequency: _____ Local/systemic Rx? <input type="checkbox"/> None <input type="checkbox"/> Yes (Describe Rx) _____
Exudate Amount: <input type="checkbox"/> None; <input type="checkbox"/> Scant/Min; <input type="checkbox"/> Mod; <input type="checkbox"/> Hvy/Copious Consistency: <input type="checkbox"/> Serous <input type="checkbox"/> Sanguineous/bleeding <input type="checkbox"/> Serosanguineous <input type="checkbox"/> Purulent Odor*: <input type="checkbox"/> None; <input type="checkbox"/> Min.; <input type="checkbox"/> Mod.; <input type="checkbox"/> Strong/foul *Assess after dressing removal & cleansing	Wound Edges/Periwound Wound Edges/Margins Periwound Tissues <input type="checkbox"/> Edge epithelializing <input type="checkbox"/> Intact/Uninvolved tissues <input type="checkbox"/> flush w/wound base <input type="checkbox"/> Macerated <input type="checkbox"/> Edge attached to base <input type="checkbox"/> Inflamed/Erythematic <input type="checkbox"/> Edge not attached to base <input type="checkbox"/> Indurated/Firm <input type="checkbox"/> Well defined wound edges <input type="checkbox"/> Fluctuance/Boggy tissue <input type="checkbox"/> Irregular wound edges <input type="checkbox"/> Excoriated/Denuded <input type="checkbox"/> Epiboly/Rolled <input type="checkbox"/> Deep red/purple hue (DTPI) <input type="checkbox"/> Hyperkeratotic (callous) <input type="checkbox"/> Sclerotic tissue <input type="checkbox"/> Fibrotic, scarred <input type="checkbox"/> Other-e.g. weeping, dry, rash, blister <input type="checkbox"/> Other _____	Wound Healing Status PuSH Score: _____ Clinically Presenting as: <input type="checkbox"/> Acute or <input type="checkbox"/> Chronic, and: <input type="checkbox"/> Progressing well; as expected <input type="checkbox"/> Stable wound bed maintained, per goal <input type="checkbox"/> Plateau, stalled but healing expected <input type="checkbox"/> ↑size noted s/p debridement activity <input type="checkbox"/> ↑exudate noted s/p debridement activity <input type="checkbox"/> ↑necrotic tissues as DTPI now declared <input type="checkbox"/> Declining (See Infection/Critical Colonization box)
Infection/Critical Colonization <input type="checkbox"/> None or n/a <input type="checkbox"/> Yes, the following noted: Localized s/s: Systemic s/s: <input type="checkbox"/> Non-healing <input type="checkbox"/> Size ↑ <input type="checkbox"/> Exudate ↑ <input type="checkbox"/> Temperature ↑ <input type="checkbox"/> Red-friable <input type="checkbox"/> Osteo (probes to bone) <input type="checkbox"/> Debris <input type="checkbox"/> New satellite wound <input type="checkbox"/> Smell/Odor <input type="checkbox"/> Exudate ↑ <input type="checkbox"/> New onset of pain <input type="checkbox"/> Erythema/Edema <input type="checkbox"/> Pain > than expected <input type="checkbox"/> Smell/Odor <input type="checkbox"/> Culture: _____ <input type="checkbox"/> Biopsy: _____ *Initiate localized or systemic Rx if 3 or more criteria noted per NERDS or STONES lists.		Other related factors... <input type="checkbox"/> None <input type="checkbox"/> Yes*-Clinically complicating factors noted *Continue documentation onto pg 2 of wound assessment form. (Other considerations for tx.)
Noninvasive Vascular Tests for Lower Extremity		
Pedal Pulses: <input type="checkbox"/> Dorsalis pedis: <input type="checkbox"/> Present; <input type="checkbox"/> Absent; <input type="checkbox"/> Diminished; <input type="checkbox"/> Bounding <input type="checkbox"/> Posterior tibialis: <input type="checkbox"/> Present; <input type="checkbox"/> Absent; <input type="checkbox"/> Diminished; <input type="checkbox"/> Bounding	<input type="checkbox"/> Capillary Refill: <input type="checkbox"/> < 3s; <input type="checkbox"/> > 3s <input type="checkbox"/> Rubor of Dependency: <input type="checkbox"/> Negative; <input type="checkbox"/> Positive <input type="checkbox"/> Venous Filling Time Test: _____s	<input type="checkbox"/> ABI Screening Results: _____ <input type="checkbox"/> Other: _____ <input type="checkbox"/> N/A
Wound Assessment - Evidence of wound improvement or deterioration includes measurable changes in the following: <input type="checkbox"/> ↓↑ Drainage <input type="checkbox"/> ↓↑ Inflammation <input type="checkbox"/> ↓↑ Swelling/Edema <input type="checkbox"/> ↓↑ Pain/tenderness <input type="checkbox"/> ↓↑ Wound Size (LxWxD) <input type="checkbox"/> ↓↑ Size of Undermining/Tunneling <input type="checkbox"/> ↓↑ Granulation % <input type="checkbox"/> ↓↑ Necrotic % <input type="checkbox"/> No improvement noted s/p 30 days; (NOTE: Consider new approach including MD reassessment of underlying infection, metabolic, nutritional, or vascular problems that may be inhibiting wound healing, or a new treatment approach including selection of dressing(s), dressing combination and/or Frequency of Change.		
Treatment Plan Debridement Type: <input type="checkbox"/> n/a <input type="checkbox"/> Autolytic <input type="checkbox"/> Enzymatic <input type="checkbox"/> Mechanical: (ex) wet-to dry _____ <input type="checkbox"/> Surgical <input type="checkbox"/> Sharp <input type="checkbox"/> Other _____	Topical Rx: <input type="checkbox"/> None <input type="checkbox"/> Yes, _____ Systemic Rx: <input type="checkbox"/> None <input type="checkbox"/> Yes, _____ Incontinence POC: <input type="checkbox"/> n/a <input type="checkbox"/> Yes Pressure redistribution device: <input type="checkbox"/> n/a <input type="checkbox"/> Yes _____	Dressing Change Plan Frequency: <input type="checkbox"/> Daily <input type="checkbox"/> 3X/wk <input type="checkbox"/> 2X/day <input type="checkbox"/> Other: _____
Therapeutic Goals/Clinical Rationale	Dressing Change Protocol:	
Referral Recommendations: <input type="checkbox"/> Vascular consult <input type="checkbox"/> Nutrition consult; <input type="checkbox"/> Infectious disease <input type="checkbox"/> Psych/counseling-resident/family <input type="checkbox"/> PT; <input type="checkbox"/> OT; <input type="checkbox"/> SLP; <input type="checkbox"/> Other _____	Other Interventions: <input type="checkbox"/> NPWT; <input type="checkbox"/> E-stim; <input type="checkbox"/> Other modalities/interventions: _____	

Wound Assessment Form (Complicating Clinical Factors)

Resident Name:	
Complicating Clinical Factors	Details - Identify variables/factors impacting resident's condition or ability to progress towards wound closure
<input type="checkbox"/> Age	<input type="checkbox"/> > 65 years of age
<input type="checkbox"/> Chronicity	<input type="checkbox"/> Stage 2 or Partial Thickness Wound w/o evidence of expected healing by 1-2 weeks <input type="checkbox"/> Stage 3, 4 or Full Thickness Wound w/o expected reduction in size following 2-4 weeks of therapy
<input type="checkbox"/> Cognitive status	<input type="checkbox"/> Dementia <input type="checkbox"/> Other Cognitive Impairment:
<input type="checkbox"/> Comorbidities	<input type="checkbox"/> Diabetes <input type="checkbox"/> PAD <input type="checkbox"/> ESRD <input type="checkbox"/> Malignancy <input type="checkbox"/> Anemia <input type="checkbox"/> Other: <input type="checkbox"/> Thyroid Disease <input type="checkbox"/> CHF <input type="checkbox"/> Immune Deficiency Dx:
<input type="checkbox"/> Incontinence	<input type="checkbox"/> Urinary <input type="checkbox"/> Fecal <input type="checkbox"/> Both <input type="checkbox"/> Other Condition (ie, Cdiff):
<input type="checkbox"/> Location	<input type="checkbox"/> Pelvic/sacral region; prone to urine/feces contamination; <input type="checkbox"/> Atypical wound location <input type="checkbox"/> Difficult to dress location <input type="checkbox"/> At vulnerable pressure point (sacrum, heels, coccyx, trochanters, ischial tuberosity, occiput)
<input type="checkbox"/> Medications	<input type="checkbox"/> Rx affecting immune system, host defenses and/or skin integrity (Corticosteroids, immunosuppressives, sedatives, anticancer Rx, antiembolic/anticoagulant Rx) <input type="checkbox"/> Other:
<input type="checkbox"/> Mobility Impairment/ Repositioning & increased risk for friction/shear	<input type="checkbox"/> Impaired Mobility and/or decreased functional ability due to: <input type="checkbox"/> Condition(s) preventing repositioning/pressure redistribution (contractures, severe arthritis)
<input type="checkbox"/> Sensory deficits/ neurosensory conditions	<input type="checkbox"/> Reduced Braden Sensation Perception Score <input type="checkbox"/> Neurological Disease/Condition: (ie Parkinson's disease, Peripheral Neuropathy, Spasticity, Multiple Sclerosis, CVA) <input type="checkbox"/> Other similar neurologic conditions:
<input type="checkbox"/> Nutrition/hydration deficits	<input type="checkbox"/> Presence of Malnutrition <input type="checkbox"/> Presence of Dehydration <input type="checkbox"/> Skin Turgor _____ <input type="checkbox"/> Lab Values if available: Albumin _____ Prealbumin _____; Creatinine _____; BUN _____
<input type="checkbox"/> Pain	<input type="checkbox"/> Presence of wound related Pain <input type="checkbox"/> Pain Rating/Intensity: _____ Pain Type: <input type="checkbox"/> Intermittent <input type="checkbox"/> Constant
<input type="checkbox"/> Poor Prognosis	<input type="checkbox"/> Terminal Disease <input type="checkbox"/> Systemic Infection <input type="checkbox"/> Other: <input type="checkbox"/> Maintenance Goal Appropriate to Implement: e.g. Palliative Care
<input type="checkbox"/> Psychosocial/ Behavioral Issues	<input type="checkbox"/> Refusal of care and/or treatment <input type="checkbox"/> Poor adherence to interventions <input type="checkbox"/> Behavior r/t dementia, delirium or psychosis, depression ; fear of falling
<input type="checkbox"/> Skin-Integrity impairment	<input type="checkbox"/> Advanced Age related skin changes <input type="checkbox"/> Other skin condition or alterations (ie, dermatitis, skin tears, moisture associated skin damage): <input type="checkbox"/> h/o wound at same location; Include Dates of Recurrences if known :
<input type="checkbox"/> Vascular/ Cardiovascular condition	<input type="checkbox"/> Impaired diffuse/systemic blood flow (Cardiovascular disease/condition, CHF, DM, general atherosclerosis): <input type="checkbox"/> Impaired localized blood flow (PVD: ie LE arterial/venous insufficiency, DM, or edema) <input type="checkbox"/> Other:
<input type="checkbox"/> Wound decline/ complications	<input type="checkbox"/> h/o or currently presenting with Cellulitis or Osteomyelitis <input type="checkbox"/> Other s/s of decline:
<input type="checkbox"/> Other barriers to examination, healing, or altered tissue tolerance or integrity.	<input type="checkbox"/> Non-removable dressing/device limits monitoring of wound status/progress <input type="checkbox"/> Identified at Mod or High Risk for PU/PI (Braden/Other risk assessment tool) <input type="checkbox"/> ↑ Bioburden/Critical Colonization <input type="checkbox"/> Infection <input type="checkbox"/> Other unmodifiable factors that impair wound healing: Describe below.
Other Clinically Complicating Factors / Other Comments	

Medical Professional's Signature: _____

Date: _____

Print Name and Title: _____

NPI #: _____

Physician's Signature: _____

Physician's Name (Print): _____

Phone: _____

Physicians Address: _____

Fax: _____