□ Clinical Notes Attached

Wound Assessment - Admission

Member Name:	**ID:**	**Date:**	**Facility:**

1. Admitting Diagnoses:	**6. Wound #1**
□	**Type:** □ Surgical □ Arterial □ Venous
□	□ Pressure □ Foot wound □ Trauma
□	□
2. Comorbidities	**Location:**
□ History of Pressure Ulcers	□ Over bony prominences
□ History of Amputation	□ Under a Medical device (e.g. 02 mask, tubing)
□ History of Vascular Disease	□ Site of previously healed ulcer?
□ Diabetes Alc result: Date:	**Dimensions:**_____ Granulation_____% Eschar_____% Necrosis_____%
□ HTN	Slough_____% Undermining_____% Tunneling_____%
□ Renal failure □ On Dialysis	Stage: 1 2 3 4
□ Paralysis	Pain: 1 2 3 4 5 6 7 8 9 10
	Wound Culture:
	Source:
3. Functional Status	Date Collected:
□ Bed Bound □ Chair Bound	***Attach Report**
□ Ambulatory	**Imaging**
□ Structure Risk Assessment used to identify patient at risk for pressure ulcers? □Yes □No	Area:
4. Nutrition/Hydration Status	□ Xray □ U/S □ CT □ MRI
Oral Intake □ Good □ Fair □ Poor	
TPN Intake □ Yes □ No	***Attach Report**
Enteral Intake □ Yes □ No	**Antibiotic treatment**
If intake is fair-poor has a nutrition/education referral been made? □ Yes □ No If so when?	□ **Current**
Labs: □ Albumin □ Pre-Albumin □ Hgb	□ **Past** (med and dates given, PO vs. IV)
Date: Results:	**7. Patient Factors**
Nutritional supplement used:	
5. Physical Supports	Smoker? □ Yes □ No If yes, were tobacco cessation services offered? □ Yes □ No
Special mattress used? □ Yes □ No	Substance abuse? □ Yes □ No If yes, was rehab offered? □ Yes □ No
Incontinence pad needed? □ Yes □ No	□ Member, caregiver educated about pressure ulcer prevention and management? □ Yes □ No
Offloading devices used? □ Yes □ No	
Chair pressure reduction cushion used? □ Yes □ No	
Support surfaces/devices needed:	