☐ Clinical Notes Attached

Wound Assessment – Follow up

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

1. Functional Status	**Location:**
☐ Bedbound ☐ Chairbound	☐ Over bony prominences
☐ Ambulatory	☐ Under a medical device (e.g. 02 mask, tubing)
Structural risk assessment used to identify patients at risk for pressure ulcers? ☐ Yes ☐ No	☐ Site of previously healed ulcer?
2. Nutrition/Hydration Status	**Dimensions:** ______________________________ Granulation______% Eschar______% Necrosis______%
Oral Intake ☐ Good ☐ Fair ☐ Poor	Slough______% Undermining______% Tunneling______%
TPN Intake ☐ Yes ☐ No	Stage: 1 2 3 4 Improved? ☐ Yes ☐ No
Enteral Intake ☐ Yes ☐ No	If no, plan changes? ☐ Yes ☐ No
If intake is fair-poor has a nutrition/education referral been made? ☐ Yes ☐ No If so when?	☐ Antibiotic started or changed
Labs: ☐ Albumin ☐ Pre-Albumin ☐ Hgb	☐ Referred to wound care
Date: Results:	☐ Referred to infectious disease
Nutritional supplement used:	☐ Referred to vascular surgery
3. Wound #1 Follow up	☐ Other (list)
Type: ☐ Surgical ☐ Arterial ☐ Venous	☐ Attach follow up culture or imaging
☐ Foot Wound ☐ Pressure ☐ Trauma	Pain: 1 2 3 4 5 6 7 8 9 10 Improved? ☐ Yes ☐ No Plan:
☐	**5. Wound #3 Follow up**
Location:	**Type:** ☐ Surgical ☐ Arterial ☐ Venous
☐ Over bony prominences	☐ Foot Wound ☐ Pressure ☐ Trauma
☐ Under a medical device (e.g. 02 mask, tubing)	☐
☐ Site of previously healed ulcer?	**Location:**
Dimensions:______________________________ Granulation______% Eschar______% Necrosis______%	☐ Over bony prominences ☐ Under a medical device (e.g. 02 mask, tubing)
Slough______% Undermining______% Tunneling______%	☐ Site of previously healed ulcer?
Stage: 1 2 3 4 Improved? ☐ Yes ☐ No	**Dimensions:** ______________________________
If no, plan changes? ☐ Yes ☐ No	Granulation______% Eschar______% Necrosis______%
☐ Antibiotic started or changed	Slough______% Undermining______% Tunneling_______%
☐ Referred to wound care	Stage: 1 2 3 4 Improved? ☐ Yes ☐ No
☐ Referred to infectious disease	If no, plan changes? ☐ Yes ☐ No
☐ Referred to vascular surgery	☐ Antibiotic started or changed
☐ Other (list)	☐ Referred to wound care
☐ Attach follow up culture or imaging	☐ Referred to infectious disease
Pain: 1 2 3 4 5 6 7 8 9 10 Improved? ☐ Yes ☐ No Plan:	☐ Referred to vascular surgery
4. Wound #2 Follow up	☐ Other (list)
Type: ☐ Surgical ☐ Arterial ☐ Venous	☐ Attach follow up culture or imaging
☐ Foot Wound ☐ Pressure ☐ Trauma	Pain: 1 2 3 4 5 6 7 8 9 10 Improved? ☐ Yes ☐ No Plan:
☐	