

**SKILLED NURSING NOTE**

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☐ Plot ☐ Q.A. ☐ File**1.**

Patient's Name: _____ Episode # _____

Service Area of Dade: ☐ Service Area of Broward: ☐ Service Date: _____ Discipline: ☐ RN ☐ LPN

Employee Name: _____ I.D. #: _____

Time In: _____ ☐ AM ☐ PM Time Out: _____ ☐ AM ☐ PM Total Time: _____**2.****G-Codes - represent your visit time (minimum 45 min + 15 min of doc = 1 hr). Please check as applicable.**

- ☐ RN ☐ LPN G0154 - Direct skilled services performed by an RN or LPN in home health, 15 minutes
- ☐ RN G0162 - Skilled services by a licensed RN for management and evaluation of the Plan of Care, each 15 minutes (where a patient's underlying condition or complication requires an RN to ensure that essential non-skilled care achieves its purpose in home health)
- ☐ RN ☐ LPN G0163- Skilled services by a licensed nurse (LPN or RN) for the observation and assessment of the patient's condition, each 15 minutes (the change in patient's condition requires skilled nursing personnel to identify and evaluate the patient's need for possible modification of treatment in home health)
- ☐ RN ☐ LPN G0164 - Skilled services of a licensed nurse (LPN or RN) in training and/or education of a patient or family member in home health setting, each 15 minutes (SN is required to complete at minimum 45 min to 1 hour visit).

My signature on this form constitutes that the times affixed are correct and that work was performed in a satisfactory manner.

X _____
 Care Plan was discussed with **Nurse**. (Patient Signature)
Care is being provided according to POC.

X _____
 Florida Home Bound Representative Signature

3. Does the patient have any new medications? ☐ Yes ☐ No If Yes, please list: _____**4.** Does the patient have any discontinued or expired medications in the home? ☐ Yes ☐ NoIf Yes, ☐ instructed patient to place discontinued medications in a bag and label as discontinued medications☐ instructed patient not to take medications unless medications are reordered by the physician☐ instructed patient to dispose of medications in toilet and flushHas the patient requested a Social Worker? ☐ Yes ☐ NoHas the patient requested a HHA? ☐ Yes ☐ No**Is the patient in a HMO?** ☐ Yes ☐ No**If Yes, please give name of HMO:** _____Is there any new DME equipment or supplies in the home? ☐ Yes ☐ No If Yes, please list below: _____**5. DIABETIC SUPPLIES USED THIS VISIT:** _____ Lancets _____ Alcohol Pads _____ Gloves _____ Syringes _____ Test Strips**WOUND SUPPLIES USED THIS VISIT:** _____ NS _____ 4X4's _____ Kerlex _____ Gloves _____ Tape**MEDICATIONS USED THIS VISIT FOR WOUND THX:** _____**LIST OTHER SUPPLIES USED THIS VISIT:** ☐ NONE**6. Homebound Status:**

- | | | | | |
|--|--|--|--|--|
| <input type="checkbox"/> Medical condition causing homebound | <input type="checkbox"/> IDDM | <input type="checkbox"/> HTN | <input type="checkbox"/> Wound | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Weakness | <input type="checkbox"/> Unsteady gait | <input type="checkbox"/> Poor endurance | <input type="checkbox"/> SOB | |
| <input type="checkbox"/> Bed-bound | <input type="checkbox"/> Assist 1 or 2 person(s) | <input type="checkbox"/> Need assistance | <input type="checkbox"/> Taxing effort to leave home | |
| <input type="checkbox"/> Mental condition causing homebound | | | | |
| <input type="checkbox"/> Impaired reality | <input type="checkbox"/> Disoriented | <input type="checkbox"/> Confused | <input type="checkbox"/> Unsafe | |
| <input checked="" type="checkbox"/> Impaired judgment | <input type="checkbox"/> Anxious | <input type="checkbox"/> Agoraphobic | <input type="checkbox"/> Depressed | <input type="checkbox"/> Refuses to leave home |

7. Health Assessment: ☐ Ax. ☐ Oral ☐ Tympanic Temp: _____ Pulse: Apical: _____ Radial: _____ ☐ REG. ☐ IRREG. Resp. _____

B/P Lying: (Lt) _____ / (Rt) _____ B/P Sitting: (Lt) _____ / (Rt) _____ Standing: (Lt) _____ / (Rt) _____

Weight loss: _____ lb. ☐ Yes ☐ No Weight gain: _____ lb. ☐ Yes ☐ No**8. Are there changes in Patient's condition that need to be reported to the Primary Physician?** ☐ Yes ☐ No**Problem:** _____

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Patient's Name: _____ Episode # _____

9. Mental Status: ☐ WNL ☐ Forgetful ☐ Confused ☐ Disoriented ☐ Poor Concentration/Focusing ☐ Lethargic ☐ Stuporous
☐ Depressed ☐ Anxious ☐ Agitated ☐ Combative ☐ Comatose ☐ Other: _____

10. Pain Scale: ☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 ☐ Constant ☐ Intermittent ☐ Acute ☐ Chronic

Pain location: _____

Medications used: _____ Relief: ☐ Poor ☐ Good ☐ Moderate ☐ Patient compliant with pain management.

11. Nervous System: ☐ WNL ☐ Headaches ☐ Blurry Vision ☐ Numbness ☐ Vertigo ☐ Dizziness ☐ Seizures ☐ Unsteady Gait ☐ Hand Tremors ☐ Poor Hand Dexterity ☐ Tinnitus ☐ Hyperreflexia ☐ Paralysis – Location: _____

12. Sensory System: ☐ WNL ☐ Dysphasia ☐ Aphasia ☐ Expressive ☐ Receptive ☐ Impaired Vision
☐ Impaired Hearing ☐ Impairment to touch ☐ Impairment to smell

13. Respiratory System: ☐ WNL

Lung Sounds: Left Right ☐ S.O.B. on exertion
Ronchi ☐ ☐ ☐ Orthopnea
Rales ☐ ☐ ☐ Hemoptysis
Decreased BS ☐ ☐ ☐ Cough: ☐ Dry or ☐ Productive
Inspiratory wheezes ☐ ☐ Color: _____ Amount: _____
Expiratory wheezes ☐ ☐ ☐ 02 _____ l/min By: _____

Trach. Care:

Cleanse with: NACL	H ₂ O ₂	Betadine and H ₂ O ₂	Inner Cannula changed?	Suction Needed?	Amount of Secretion	Color of Secretion
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Small <input type="checkbox"/> Moderate <input type="checkbox"/> Large	<input type="checkbox"/> Clear <input type="checkbox"/> Serosang. <input type="checkbox"/> Bloody

14. Incentive Spirometer Performance: ☐ 250-750 = Very Low ☐ 750-1000 = Low ☐ 1000-1500 = Moderately Low
☐ 1500-1750 = Moderate ☐ 1750-2000 = Moderately High ☐ 2000-2500 = High

15. Skin System: ☐ WNL Burns: Degree ☐ 1st ☐ 2nd ☐ 3rd
Type of wounds: ☐ Surgical incisions ☐ Skin tears ☐ Pressure Ulcers ☐ Stasis Ulcers ☐ Open Wounds
☐ Decubitus Ulcers ☐ Petechiae ☐ Jaundice ☐ Pruritus ☐ Dry/cracked ☐ Poor turgor ☐ Rash
☐ Pallor ☐ Clammy ☐ Flushed ☐ Moist ☐ Warm ☐ Diaphoretic ☐ Hyperpigmented
☐ Bruises: Location: _____
Cast Location: _____ Color: ☐ Pink ☐ Discolored Temperature: ☐ Hot ☐ Cold ☐ Warm Movements: ☐ Present ☐ Absent

16. Cardiovascular System: ☐ WNL ☐ Murmur ☐ Tachycardia ☐ Bradycardia ☐ Chest Pain ☐ Cyanosis
☐ BP Change ☐ Distended neck veins ☐ Edema-RUE+1+2+3+4 ☐ Edema-LUE+1+2+3+4 ☐ Edema-RLE+1+2+3+4
☐ Edema-LLE+1+2+3+4 ☐ Pitting ☐ Capillary refill <3 Sec ☐ Capillary refill >3 Sec ☐ Pacemaker

Peripheral Pulses: ☐ WNL ☐ Weak ☐ Absent ☐ Irregular

17. Activity: ☐ Ambulates with: ☐ Holds on to walls ☐ Furniture ☐ Cane ☐ Walker ☐ Wheelchair ☐ Crutches
☐ Bed-Bound ☐ Chair-Fast

18. Gastrointestinal System: ☐ WNL ☐ Stomatitis ☐ Ulcers ☐ Lesions ☐ Malabsorption Syndrome
Oral ☐ WNL ☐ Bleeding gums ☐ Dry mouth ☐ Mouth odor ☐ Coated tongue
☐ Gastric surgery ☐ Ileostomy ☐ Lactose intolerance ☐ Diverticulitis ☐ Abdominal pain
☐ Abdominal distension ☐ Absent bowel sounds ☐ Dysphagia ☐ Nausea ☐ Vomiting ☐ Anorexia
☐ Decreased BS ☐ Ascites (abd. girth) _____ cm ☐ Feeding tube-type: _____ site: _____

19. Elimination: ☐ WNL ☐ Colostomy ☐ Ileostomy ☐ Constipation ☐ Diarrhea ☐ Impaction ☐ Bloody stools
☐ Incontinent ☐ Rectal Bleeding ☐ Last BM _____/_____/_____

20. Nutritional Status: ☐ WNL ☐ Inadequate fluid/food intake ☐ Diet changed to: _____
Nutritional Evaluation needed ☐ Yes ☐ No

21. Genitourinary System: ☐ WNL ☐ Frequency ☐ Polyuria ☐ Oliguria ☐ Nocturia ☐ Retention ☐ Hematuria
☐ Urgency ☐ Burning ☐ Incontinence ☐ Catheter Type: _____ Size: _____ ☐ Urostomy ☐ Stents
☐ Urine C & S ☐ Urine color: _____ Odor: _____ Appearance: _____ Output/cc: _____
☐ Dialysis Patient ☐ Check Bruit: ☐ Positive ☐ Absent ☐ Check Thrill: ☐ Positive ☐ Absent
Foley date change: _____ Foley irrigated with normal saline: ☐ 30cc ☐ 60cc ☐ 90cc ☐ 100cc

22. Musculoskeletal System: ☐ WNL ☐ Contractures ☐ Cramping ☐ Pain ☐ Stiffness ☐ Tremors ☐ Paralysis
☐ Swelling ☐ Unsteady gait ☐ Amputation – Location: _____ ☐ Decreased ROM ☐ Weakness
FX Location: _____

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Patient's Name: _____ Episode # _____

23. MEDICAL NECESSITY/REASON FOR SN VISIT (Please ✓ all that apply)

- A. ☐ Medication Packing – Patient is at risk for overdosing/underdosing which can lead to hospitalization, and needs the SN to instruct/assist with packing his/her medications in pill dispenser.
- B. ☐ Patient is on numerous medications, requiring close monitoring and reviewing to ensure medication compliance.\
- C. ☐ Patient is at risk for overdosing/underdosing.
- D. ☐ Patient with cognitive deficits, and needs close monitoring to ensure compliance with POC and to prevent decline in status.
- E. ☐ Patient is at risk for overdosing/underdosing on Insulin. Patient does not know how to correctly draw up correct dose of insulin. Patient is unable to manage and follow sliding scale orders. Agency is seeking alternate caregiver to assist.
- F. ☐ Patient needs instructions on diet to prevent
- ☐ Blood Pressure elevation
 - ☐ Blood sugar elevation
 - ☐ Abdominal pain related to specific foods to avoid/prepare
- G ☐ Blood pressure monitoring. ☐ Blood sugar monitoring
- H ☐ Patient has acute chronic conditions warranting SN visits to ensure early detection and early reporting to M.D. regarding decline.
- I ☐ Patient is unable to safely complete wound care without assistance of the SN.
- J ☐ Patient has no one to assist with wound care. Agency seeking alternate caregiver to assist.
- K ☐ SN will assess skin integumentary status. Patient is incontinent and is at risk for skin breakdown. Patient has history of ☐
- Decubitus Ulcer ☐ Stasis Ulcer at Lower Extremities ☐ Cellulites ☐ Blisters
- which re-open frequently, warranting close observation by SN.
- L ☐ Patient is unable to learn how to administer own _____
- SN will administer to prevent further decline in patient's health status.
- M ☐ SN will administer Vitamin B-12 injections. Patient is unable to manage self-administration of intramuscular injections.
- N ☐ SN will visit to assess patient for bleeding. Patient is on large/changed dose of Coumadin, and require instructions.
- O ☐ Patient's risk status: ☐ impaired cognition ☐ impaired mobility ☐ impaired integumentary status
- P ☐ Impaired community resources, which warrants SN interventions to ensure compliance with POC to prevent hospitalization.

24. STATEMENT:

- ☐ Patient is at risk for decline.
- ☐ Skilled services are reasonable and necessary because patient has potential for improvement in a generally predictable period of time which will ensure patient's safety and quality of care.

COMMENTS:

Episode # _____

Fall Precautions / Safety Instructions

Patients on fall precautions must be instructed on every visit to prevent falls and injury.

- ☐ Other: _____

26. Vascular Access: [X] N/A Type: _____ # Lumens: _____ Location: _____

Assess IV Site: ☐ WNL ☐ Edema ☐ Erythema ☐ Induration ☐ Rash ☐ Pain ☐ Drainage ☐ Phlebitis

Assess IV Dressing: ☐ WNL ☐ Odor ☐ Wet ☐ Missing ☐ Soiled

Dressing Change: ☐ Not done this visit ☐ Hibiclens ☐ Transparent Dressing ☐ Gauze ☐ Steri Strip

☐ PVP/Oint/Swabs ☐ Skin Prep ☐ Alcohol Swabs

☐ Change IV Site q 72 hours ☐ Extensions ☐ IV Tubing ☐ Changed Injection Cap

Groshong Catheter: ☐ NS Flush Hickman Catheter: ☐ HL Flush CVP Line: ☐ NS and HL Flush

Medication Administered by Skilled Nurse:

Drug Solution	Dose/Volume	IV	Route/Pump	Rate/Time	Start/Complete
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27. Endocrine System: ☐ WNL/Range ☐ Polyuria ☐ Polydipsia ☐ Heat/Cold tolerance ☐ Sweating
☐ Capillary BS ☐ mg/DL ☐ AM ☐ Noon ☐ PM ☐ F ☐ NF

28 Medication Administration by Skilled Nurse:

Drug Solution	Dose / Volume	Site / IM / Sq / IV	Route/Pump	Rate/Time	Start/Complete
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29 ☐ M.D. notified of abnormal BS ☐ >350 F

30 ☐ Patient was instructed to eat 15-20 minutes after insulin administration ☐ No S/S of Hypoglycemia

- ☐ No S/S of Hyperglycemia ☐ Juice or Milk given for BS <70 ☐ Instructed patient to eat immediately when BS is low
Medication Management: ☐ Medication Packed Patient is: ☐ Compliant ☐ Non-Compliant

31. SPECIAL INSTRUCTIONS FOR LOWER EXTREMITY SKIN CARE AND EDEMA CONTROL

- Inspect skin on all extremities, especially feet, toes and plantar of foot
 - Report any discoloration: redness, purple-like discoloration may be signs of infection.
 - Report blisters, pain and swelling immediately to SN/MD.
- For Edema: □ Apply support stockings in A.M. and remove in the P.M. □ Avoid standing for long periods of time, > 15 minutes.
- Keep legs elevated to the level of the heart or above for a minimum of 30 minutes twice or more during the day and/or when sitting.
- Walk as much as possible. □ Do not cross your legs. □ Report frequent cramping or tingling in Lower Extremities.

Patient's Name: _____ Episode # _____

32 Skilled Interventions: ☐ Universal precautions ☐ Aseptic technique ☐ Sharps Box utilized ☐ Biohazard Box utilized**Goal of Medication Teaching:** Patient able to identify medication by name and not by color, shape or size.

Name of Medication: _____

Therapeutic Effect: _____

Side Effects: _____

Safety Measures: _____

33 Purpose of today's SN visit (must fill in): ☐ Injection ☐ Wound care ☐ Medication Packing ☐ Medication Teaching

Other: _____

34 Problem(s) Identified ☐ related or ☐ unrelated to SN visit: _____**35 Patient Instructions or Resolution to above problem:** _____**36 SAFETY MEASURES (MUST BE INSTRUCTED EACH VISIT)**

- ☐ Elevate head of bed ☐ O₂ precautions ☐ Clear pathways ☐ Lock W/C with transfers
☐ Fall precautions ☐ Adequate light ☐ Diabetic precautions ☐ Disposal of needles
☐ Safe use of safety devices ☐ Infection control measures ☐ Anticoagulant precautions
☐ Aspiration precautions ☐ Phone access ☐ When to call 911 Other: _____

37. Patient understanding of above instructions: None= ☐0 ☐1 ☐2 ☐3 ☐4 ☐5 ☐6 ☐7 ☐8 ☐9 ☐10=High**38.** Caregiver understanding of above instructions: None= ☐0 ☐1 ☐2 ☐3 ☐4 ☐5 ☐6 ☐7 ☐8 ☐9 ☐10=High**PSYCHOSOCIAL ASSESSMENT**

39. Caregiver: ☐ None ☐ Present ☐ Absent ☐ Able ☐ Not able ☐ Willing ☐ Not willing ☐ Overwhelmed ☐ Coping well ☐ Not coping well
☐ Absentee Caregiver - Caregiver is living in the home but does not participate in the patient's care.

INJECTION and/or WOUND PATIENTS**40. Glucometer Calibrated:** ☐ **Diabetic Foot Check:** ☐ Left Foot ☐ Right Foot ☐ No Right Foot ☐ No Left Foot**Reason Patient is unable to do own care:** _____**Reason Caregiver is unable to complete patient care:** ☐ No Caregiver ☐ ALF Staff not permitted

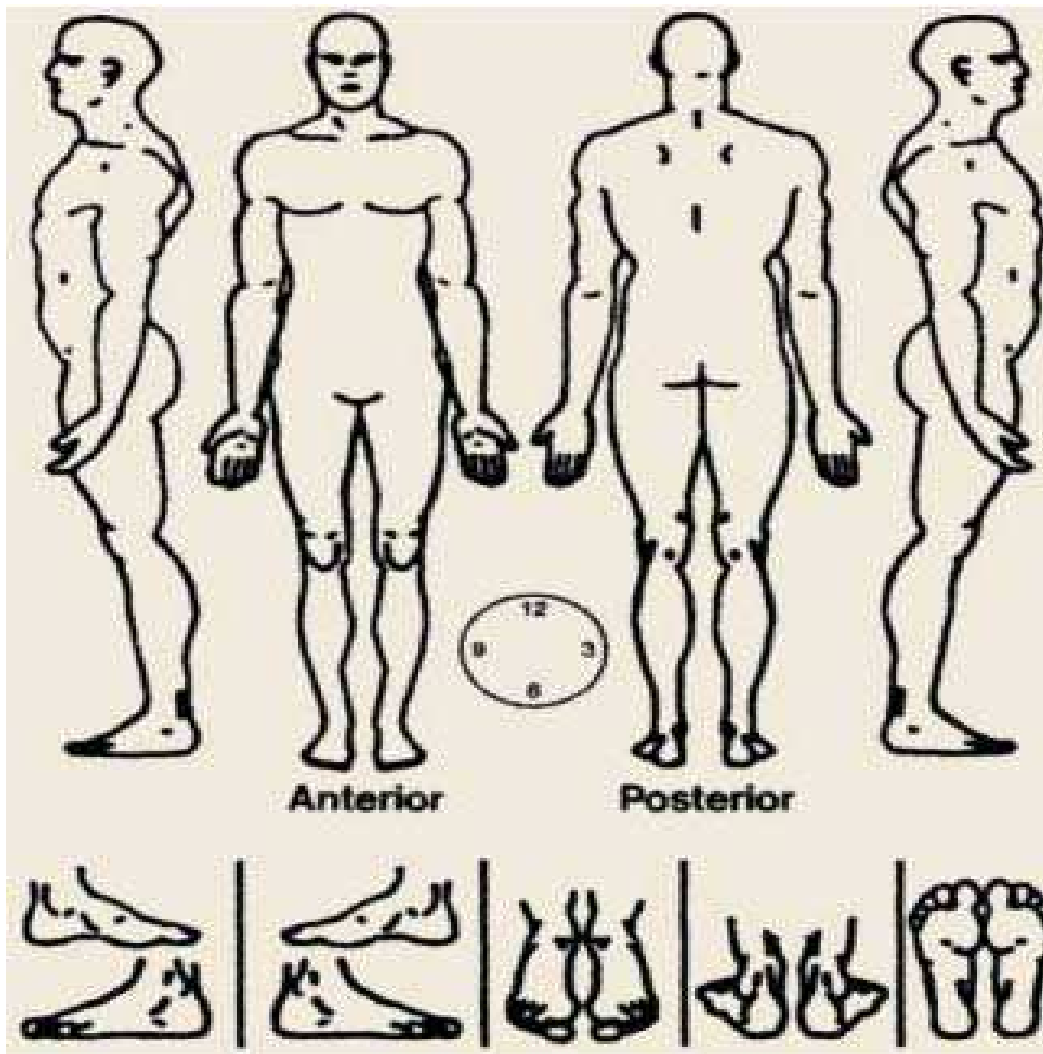
- ☐ Fear of injury to patient ☐ Fear of causing infection ☐ Fear of needles ☐ Overwhelmed with own illness
☐ Overwhelmed with patient's illness ☐ Other: _____

41. On-going search for an Alternate Caregiver is in progress. ☐**42. PATIENT SATISFIED WITH CARE** ☐ Yes ☐ No **EMERGENCY PREPAREDNESS PLAN IS IN PLACE:** ☐ Yes ☐ No**43.** ☐ Continue care – Patient remains homebound and requires skilled care for _____☐ Discharge planned for _____ Discharge planning discussed with ☐ Patient ☐ Caregiver☐ Completed: Patient discharged/instructions given to ☐ Patient ☐ Caregiver**44. LPN/HHA Supervisory visit done:** ☐ Yes ☐ No ☐ N/A**Care Plan reviewed:** ☐ Yes ☐ No**Plan meets patient care needs:** ☐ Yes ☐ No**Care Plan followed:** ☐ Yes ☐ No**Home Visit completed according to M.D. Orders:** ☐ Yes ☐ No**45.** Nurse Signature/Title: _____ Date: _____ ☐ AM ☐ PM

IF PATIENT HAS A WOUND, PLEASE SEE PAGES 6-9

Patient Name: _____ Episode # _____

INTEGUMENTARY STATUS



FOR NEW WOUNDS DISCOVERED AFTER START OF CARE

How did patient get this wound?

Patient's Name: _____ Episode # _____

WOUND CARE ASSESSMENT

46.

Wound Assessment needed?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Picture Taken: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Patient Refused	
Wound Culture?:	<input type="checkbox"/> Yes <input type="checkbox"/> No		

1. Wound Pain Assessment	No Pain <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10-Worst Pain
2. Undermining	<input type="checkbox"/> No undermining <input type="checkbox"/> < 2cm <input type="checkbox"/> 2-4cm involving < 50% wound margin <input type="checkbox"/> 2-4cm involving > 50% wound margin <input type="checkbox"/> Undermining 14cm <input type="checkbox"/> Other: _____
3. Sinus Tract	<input type="checkbox"/> No sinus <input type="checkbox"/> Sinus tract < 1cm <input type="checkbox"/> Sinus tract > 1cm <input type="checkbox"/> Severe sinus > 3cm <input type="checkbox"/> Other: _____
4. Wound Exudate	<input type="checkbox"/> None <input type="checkbox"/> Bloody <input type="checkbox"/> Serosanguineous (thin, watery, pale red/pink) <input type="checkbox"/> Serous (thin, watery, clear) <input type="checkbox"/> Purulent (thin or thick, opaque, tan/yellow) <input type="checkbox"/> Thick gel, yellow/green <input type="checkbox"/> Other: _____
5. Amount of Exudate	<input type="checkbox"/> None <input type="checkbox"/> Minimal < 25% saturation of dressing per change <input type="checkbox"/> Moderate 26-75% saturation of dressing per change <input type="checkbox"/> Heavy > 75% saturation of dressing per change
6. Odor	<input type="checkbox"/> No odor following flush with normal saline <input type="checkbox"/> Odor present following saline flush
7. Infection	<input type="checkbox"/> No s/s of infection <input type="checkbox"/> s/s of local infection <input type="checkbox"/> C&S <input type="checkbox"/> s/s of systemic infection <input type="checkbox"/> Infection documented
8. Granulating Tissue	<input type="checkbox"/> Skin intact or partial thickness wound <input type="checkbox"/> Beefy, red, shiny <input type="checkbox"/> Pink <input type="checkbox"/> No granulated tissue present
9. Epithelialization	<input type="checkbox"/> Covers all wound, surface intact <input type="checkbox"/> > 75 %, > 0.5c into wound bed <input type="checkbox"/> 50-75% < 0.5cm into wound bed <input type="checkbox"/> 25-49% covered <input type="checkbox"/> < 24% covered
10. Tissue Appearance	<input type="checkbox"/> WNL <input type="checkbox"/> Non-adherent loose, yellow slough <input type="checkbox"/> Firmly adherent yellow slough
11. Tissue Amount	<input type="checkbox"/> None <input type="checkbox"/> < 25% <input type="checkbox"/> 26-50% <input type="checkbox"/> 51-74% <input type="checkbox"/> > 75%
12. Necrotic Tissue-Type	<input type="checkbox"/> None <input type="checkbox"/> White/gray nonviable <input type="checkbox"/> Adherent soft, brown, black, eschar <input type="checkbox"/> Firmly adherent, hard, black, eschar
13. Necrotic Tissue Amount	<input type="checkbox"/> None <input type="checkbox"/> < 25% <input type="checkbox"/> 26-50% <input type="checkbox"/> 51-74% <input type="checkbox"/> > 75%
14. Edges	<input type="checkbox"/> Distinct, nonvisible <input type="checkbox"/> Distinct, outline visible even with wound bed <input type="checkbox"/> Well defined, not attached to wound bed <input type="checkbox"/> Rolled under, thickened <input type="checkbox"/> Well defined, fibrotic, scarred <input type="checkbox"/> Masceration
15. Color	<input type="checkbox"/> Normal for ethnic group <input type="checkbox"/> Red+/or blanches to touch <input type="checkbox"/> Pale, lack of pigment <input type="checkbox"/> Dark red, purple+/or non-blanching <input type="checkbox"/> Black or hyper-pigmented
16. Size	<input type="checkbox"/> 0cm <input type="checkbox"/> 0-1cm <input type="checkbox"/> 1-2cm <input type="checkbox"/> 2cm or greater
17. Edema	<input type="checkbox"/> None <input type="checkbox"/> Non-pitting edema in cm <input type="checkbox"/> Pitting edema in cm <input type="checkbox"/> Crepitus

47. Type of Wound: ☐ Open ☐ Surgical ☐ Stasis ☐ Pressure ☐ Stage I ☐ Stage II ☐ Stage III ☐ Stage IV

Wound # _____ **Location:** _____

Size : Length _____ cm Width _____ cm Depth _____ cm

Clean with: _____

Pack with: _____

Apply: _____

Cover with: _____

Secure with: _____

Patient was instructed: ☐ Not to remove dressing ☐ Call Agency if wound dressing is soiled/wet/undone ☐ Not to touch wound

Nurse Signature/Title: _____ Date: _____ ☐ AM ☐ PM

WOUND CARE ASSESSMENT ADDENDUM - Page 8 of 9

Patient Name _____								Episode # _____	
1. Wound Pain Assessment								Wound Photo <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused	
No Pain <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7								<input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 Worst Pain	

2. Undermining

☐ No undermining ☐ < 2cm

☐ 2-4cm involving > 50% wound margin

3. Sinus Tract

☐ No sinus ☐ Sinus tract < 1cm

☐ Severe sinus > 3cm

4. Wound Exudate

☐ None ☐ Bloody

☐ Serous (thin, watery, clear)

☐ Thick gel, yellow/green

5. Amount of Exudate

☐ None

☐ Moderate 26-75% saturation of dressing per change

☐ Heavy > 75% saturation of dressing per change

6. Odor

☐ No odor following flush with normal saline

7. Infection

☐ No s/s of infection ☐ s/s of local infection

☐ Infection documented

8. Granulating Tissue

☐ Skin intact or partial thickness wound

9. Epithelialization

☐ Covers all wound, surface intact

☐ 50-75% < 0.5cm into wound bed

10. Tissue Appearance

☐ WNL ☐ Non-adherent loose, yellow slough

11. Tissue Amount

☐ None ☐ < 25% ☐ 26-50% ☐ 51-74% ☐ > 75%

12. Necrotic Tissue-Type

☐ None ☐ White/gray nonviable

☐ Firmly adherent, hard, black, eschar

13. Necrotic Tissue Amount

☐ None ☐ < 25% ☐ 26-50% ☐ 51-74% ☐ > 75%

14. Edges

☐ Distinct, nonvisible

☐ Well defined, not attached to wound bed

☐ Well defined, fibrotic, scarred

15. Color

☐ Normal for ethnic group

☐ Dark red, purple+/- non-blanching

☐ Red+/- blanches to touch

☐ Black or hyper-pigmented

☐ Pale, lack of pigment

16. Size

☐ 0cm ☐ 0-1cm ☐ 1-2cm ☐ 2cm or greater

17. Edema

☐ None ☐ Non-pitting edema in cm

☐ Pitting edema in cm ☐ Crepitus

☐ 2-4cm involving < 50% wound margin

☐ Undermining 14cm ☐ Other: _____

☐ Sinus tract clearly evident > 1cm

☐ Other: _____

☐ Serosanguineous (thin, watery, pale red/pink)

☐ Purulent (thin or thick, opaque, tan/yellow)

☐ Other: _____

☐ Minimal < 25% saturation of dressing per change

☐ Odor present following saline flush

☐ C&S ☐ s/s of systemic infection

☐ Beefy, red, shiny ☐ Pink ☐ No granulated tissue present

☐ > 75 %, > 0.5c into wound bed

☐ 25-49% covered ☐ < 24% covered

☐ Firmly adherent yellow slough

Type of Wound: ☐ Open ☐ Surgical ☐ Stasis ☐ Pressure ☐ Stage I ☐ Stage II ☐ Stage III ☐ Stage IV

Wound # _____ **Location:** _____

Size : Length _____ cm Width _____ cm Depth _____ cm

Clean with: _____

Pack with: _____

Apply: _____

Cover with: _____

Secure with: _____

Patient was instructed: ☐ Not to remove dressing ☐ Call Agency if wound dressing is soiled/wet/undone ☐ Not to touch wound

Nurse Signature/Title: _____

Date: _____ ☐ AM ☐ PM

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.