**Shift Reassessment**

| Reassessment | |
|---|---|
| Changes Since Last Physical Assessment | ☐ Neuromuscular ☐ HEENT ☐ Cardiovascular<br>☐ Respiratory ☐ Gastrointestinal ☐ Genitourinary<br>☐ Musculoskeletal ☐ Psychosocial Assessment ☐ Integumentary<br>Mark the system that has changed since your last assessment of the patient and go to that assessment and document the changes. |
| No Changes Noted Since Last Assessment | ○ No Chg Since Last Asmnt |



Patient Label

**DOWNTIME DO NOT DESTROY/File in Permanent Record/DO NOT DESTROY**

**Neuromuscular Assessment**

| | |
|---|---|
| **Neurological Parameters** | |
| Neurological Parameters | ○ WDL<br>○ WDL Except<br>○ See Comp Neuro Assessment<br>Within Defined Limits (WDL) as evidenced by:<br>-Patient awake and alert<br>-Speech clear and appropriate<br>-Eyes open spontaneously<br>-PERRL present<br>-EOMS conjugate and tracking<br>-Swallows without impairment<br>-Face symmetrical<br>-Moves all limbs strong/equal<br>-Full Power Strength against resistance no weakness<br>-No numbness/tingling<br>-No abnormal movements |
| Orientation | ☐ Disoriented To Person ☐ Disoriented To Time<br>☐ Disoriented To Place ☐ Disoriented To Situ/Event |
| Memory Deficit | ☐ Long Term Deficit ☐ Short Term Deficit ☐ Unable To Test |
| Speech Pattern | ☐ Aphasic ☐ Expressive Aphasia ☐ Receptive Aphasia<br>☐ Delayed ☐ Garbled ☐ Slurred<br>☐ Dysphasic ☐ Global Aphasia |
| Level Of Consciousness | ○ Alert ○ Not Alert, Obtunded<br>○ Arouses W/ Minimal Stim ○ Comatose |
| **Glasgow Coma Scale** | |
| Eye Opening | ○ Spontaneously 4 ○ To Pain 2<br>○ To Speech 3 ○ None 1 |
| Verbal Response | ○ Oriented and Converses 5 ○ Incomprehensible Words 2<br>○ Disoriented & Converses 4 ○ None 1<br>○ Inappropriate Words 3 |
| Motor Response | ○ Obeys Commands 6 ○ Flexion Abnormal 3<br>○ Localizes Pain 5 ○ Extension Abnormal 2<br>○ Flexion Withdrawal 4 ○ None 1 |
| ETT/Tracheostomy | ○ Yes ○ No |
| Glasgow Coma Scale Total | |
| **Pupil Assessment - Occurrence #1** | |
| Pupil Location | ○ Left ○ Right |
| Reaction | ○ Cataracts ○ None ○ Unable To Assess<br>○ Fixed ○ Sluggish |
| Size | (mm) |
| Equality | ○ Unequal |
| **Neuromuscular Assessment** | |
| Swallow | ☐ Unable To Assess ☐ Difficult ☐ Painful<br>☐ Delayed ☐ Drooling |
| Facial Droop | ○ Left Facial Droop ○ Right Facial Droop ○ Bilateral Facial Drooping |
| Gaze | ○ Conjugate ○ Dysconjugate |



Patient Label

**DOWNTIME DO NOT DESTROY/File in Permanent Record/DO NOT DESTROY**

| Strength/Sensation - Occurrence #1 | |
|---|---|
| → Location | ○ Left Arm ○ Right Arm<br>○ Left Foot ○ Right Foot<br>○ Left Hand ○ Right Hand<br>○ Left Leg ○ Right Leg |
| Voluntary Motor Strength | ○ 5=Normal ○ 2=Not Anti-Gravity ○ 0=No Movement<br>○ 4=Weakness w/Resistance ○ 1=Trace Muscle Movement ○ Unable to Test<br>○ 3=Anti-Gravity |
| Sensation | ☐ Burning ☐ Numbness ☐ Tingling<br>☐ Hypersensitivity ☐ Resolving Epidural ☐ Unable To Determine |
| Abnormal Movements | ☐ Clonic ☐ Spasms ☐ Tonic<br>☐ Pronator Drift ☐ Tic ☐ Tremors<br>☐ Neglect |
| Stimulus Applied | ○ Peripheral Pain Stimulus<br>○ Central Pain Stimulus |

| Strength/Sensation - Occurrence #2 | |
|---|---|
| → Location | Right Arm |
| Voluntary Motor Strength | ○ 5=Normal ○ 2=Not Anti-Gravity ○ 0=No Movement<br>○ 4=Weakness w/Resistance ○ 1=Trace Muscle Movement ○ Unable to Test<br>○ 3=Anti-Gravity |
| Sensation | ☐ Burning ☐ Numbness ☐ Tingling<br>☐ Hypersensitivity ☐ Resolving Epidural ☐ Unable To Determine |
| Abnormal Movements | ☐ Clonic ☐ Spasms ☐ Tonic<br>☐ Pronator Drift ☐ Tic ☐ Tremors<br>☐ Neglect |
| Stimulus Applied | ○ Peripheral Pain Stimulus<br>○ Central Pain Stimulus |

| Strength/Sensation - Occurrence #3 | |
|---|---|
| → Location | Left Leg |
| Voluntary Motor Strength | ○ 5=Normal ○ 2=Not Anti-Gravity ○ 0=No Movement<br>○ 4=Weakness w/Resistance ○ 1=Trace Muscle Movement ○ Unable to Test<br>○ 3=Anti-Gravity |
| Sensation | ☐ Burning ☐ Numbness ☐ Tingling<br>☐ Hypersensitivity ☐ Resolving Epidural ☐ Unable To Determine |
| Abnormal Movements | ☐ Clonic ☐ Spasms ☐ Tonic<br>☐ Pronator Drift ☐ Tic ☐ Tremors<br>☐ Neglect |
| Stimulus Applied | ○ Peripheral Pain Stimulus<br>○ Central Pain Stimulus |

| Neuromuscular Comments | |
|---|---|
| Neuromuscular Comments | |



Patient Label

**HEENT Assessment**

| HEENT Parameters | |
|---|---|
| HEENT Parameters | ○ WDL ○ WDL Except<br>Within Defined Limits (WDL) as evidenced by:<br>-No drainage, swelling in eye or eyelid<br>-Sclera white<br>-Conjunctiva clear, pink<br>-Denies eye complaints<br>-Denies swelling or drainage from ears<br>-Denies acute change in hearing<br>-Denies deformities or drainage to/from nares<br>-No masses or deformities<br>-Denies mouth/throat complaints<br>-Senses intact, with aids if needed |
| **Eye Assessment - Occurrence #1** | |
| → Eye Affected | ○ Left ○ Right |
| Eye Discharge Description | ☐ Clear ☐ Sanguineous ☐ Serosanguineous ☐ Purulent ☐ Serous |
| Eye Symptoms | ☐ Blindness ☐ Dryness ☐ Spots ☐ Blurred Vision ☐ Edema ☐ Tearing ☐ Burning ☐ Itching ☐ Other ☐ Double Vision ☐ Redness |
| Other Eye Symptoms | |
| Sclera Abnormalities | ☐ Blue ☐ Red ☐ Edema ☐ Yellow |
| **Ear Assessment - Occurrence #1** | |
| → Ear Affected | ○ Left ○ Right |
| Ear Discharge Description | ☐ Clear ☐ Sanguineous ☐ Serosanguineous ☐ Purulent ☐ Serous |
| Ear Symptoms | ☐ Deafness ☐ Injury ☐ Swelling ☐ Foreign Body ☐ Itching ☐ Tinnitus ☐ Hearing Difficulty ☐ Redness ☐ Other |
| Other Ear Symptoms | |
| **Nares Assessment - Occurrence #1** | |
| → Naris Location | ○ Left ○ Right |
| Nasal Discharge Description | ☐ Bleeding ☐ Green ☐ Thin ☐ Clear ☐ Thick ☐ Yellow ☐ Clots |
| **Mouth and Throat Assessment** | |
| Mouth And Throat Symptoms | ☐ Bleeding ☐ Throat Swelling ☐ White Patches ☐ Lesions ☐ Tongue Swelling ☐ Other |
| Other Mouth and Throat Symptoms | |
| **HEENT Comments** | |
| HEENT Comments | |



Patient Label

**DOWNTIME DO NOT DESTROY/File in Permanent Record/DO NOT DESTROY**

**Cardiovascular Assessment**

| Cardiac Parameters | |
|---|---|
| Cardiac Parameters | ○ WDL ○ WDL Except<br>Within Defined Limits (WDL) as evidenced by:<br>-Normal heart sounds audible<br>-Regular heart rate<br>-Pulses equal,strong and regular x4 extremities<br>-Capillary refill <3 sec<br>-Skin warm and dry<br>-No edema present<br>-No implantable devices present |
| **Cardiac Assessment** | |
| Heart Sounds | ☐ Distant ☐ Irregular ☐ Murmur<br>☐ Gallop ☐ Mechanical Click ☐ Rub |
| Jugular Vein Distention | ○ Present |
| **Pulse Assessment - Occurrence #1** | |
| ➔ Pulse Location | ○ Left Radial ○ Right Radial<br>○ Left Popliteal ○ Right Popliteal<br>○ Left Dorsalis Pedis ○ Right Dorsalis Pedis<br>○ Lt. Superficial Temporal ○ Rt. Superficial Temporal<br>○ Left Carotid ○ Right Carotid<br>○ Left Brachial ○ Right Brachial<br>○ Left Ulnar ○ Right Ulnar<br>○ Left Femoral ○ Right Femoral<br>○ Left Posterior Tibial ○ Right Posterior Tibial<br>○ Apical<br>○ Other |
| Pulse Strength | ○ 0 Absent ○ 1+Weak/ Thready ○ 3+ Bounding |
| Pulse Assessment Method | ○ Auscultation ○ Cardiac Monitor ○ Palpation<br>○ Automatic Cuff ○ Doppler ○ Pulse Oximetry |
| **Circulation Assessment** | |
| Capillary Refill | ○ > 2 Seconds ○ Absent |
| Skin Temperature | ○ Cold ○ Cool ○ Hot |
| Skin Moisture | ○ Clammy ○ Diaphoretic ○ Excessive Dryness<br>○ Other |



Patient Label

**Edema Assessment - Occurrence #1**

| | |
|---|---|
| → Edema Location | ○ Left Ankle ○ Right Ankle<br>○ Left Facial ○ Right Facial<br>○ Left Fingers ○ Right Fingers<br>○ Left Foot ○ Right Foot<br>○ Left Forearm ○ Right Forearm<br>○ Left Hand ○ Right Hand<br>○ Left Lower Extremity ○ Right Lower Extremity<br>○ Left Perineal ○ Right Perineal<br>○ Left Periorbital ○ Right Periorbital<br>○ Left Scleral ○ Right Scleral<br>○ Left Scrotal ○ Right Scrotal<br>○ Left Thumb ○ Right Thumb<br>○ Left Upper Arm ○ Right Upper Arm<br>○ Left Upper Extremity ○ Right Upper Extremity<br>○ Generalized ○ Sacral<br>○ Tongue<br>○ Other |
| Edema Type | ○ Non-Pitting ○ Pitting |
| Edema Degree | ○ +1 ○ +2 ○ +3 ○ +4<br>+1 Barely detectable impression when finger is pressed into skin<br>+2 Slight indentation. 15 seconds to rebound<br>+3 Deeper indentation. 30 seconds to rebound<br>+4 >30 seconds to rebound |

**Implantable Device**

| | |
|---|---|
| Implantable Devices | ☐ AICD ☐ Pacemaker ☐ Vascular Access Device |

**Dialysis Access Location - Occurrence #1**

| | |
|---|---|
| → Dialysis Access Location | ○ Left Forearm ○ Right Forearm<br>○ Left Upper Arm ○ Right Upper Arm<br>○ Left Thigh ○ Right Thigh<br>○ Left Groin ○ Right Groin<br>○ Left Subclavian ○ Right Subclavian<br>○ Left Internal Jugular ○ Right Internal Jugular<br>○ Left Chest CVC ○ Right Chest CVC<br>○ Other |
| Dialysis Access Type | ○ AV Graft ○ Catheter ○ AV Fistula<br>○ Other |
| Thrill Present | ○ Yes<br>○ No |
| Bruit Present | ○ Yes<br>○ No |

**Cardiovascular Comments**

| | |
|---|---|
| Cardiovascular Comments | |



Patient Label

**Respiratory Assessment**

| | |
|---|---|
| **Respiratory Parameters** | |
| Respiratory Parameters | ○ WDL ○ WDL Except<br>Within Defined Limits (WDL) as evidenced by:<br>- Regular, unlabored respiratory pattern<br>- Chest expansion symmetrical<br>- Clear breath sounds bilaterally<br>- Denies cough<br>- No artifical airway<br>- No tubes or drains present |
| **Respiratory Assessment** | |
| Respiratory Symptoms | ☐ SOB With Exertion ☐ Orthopnea ☐ Tripoding<br>☐ SOB At Rest ☐ Other |
| Other Respiratory Symptoms | |
| Respiratory Effort | ☐ Apneic ☐ Accessory Muscle Use ☐ Grunting<br>☐ Nasal Flaring ☐ Gasping ☐ Labored<br>☐ Pursed Lip |
| Respiratory Pattern | ☐ Agonal ☐ Irregular ☐ Shallow<br>☐ Bradypnea ☐ Kussmaul Respirations ☐ Tachypneic<br>☐ Cheyne-Strokes ☐ Periods Of Apnea |
| Chest Expansion | ○ Asymmetrical |
| **Lung Assessment - Occurrence #1** | |
| → Lung Location | ○ Right Upper Anterior ○ Left Upper Anterior<br>○ Right Upper Posterior ○ Left Upper Posterior<br>○ Right Middle Lobe ○ Left Lower Anterior<br>○ Right Lower Anterior ○ Left Lower Posterior<br>○ Right Lower Posterior |
| Respiratory Phase | ○ Expiratory ○ Inspiratory ○ Inspiratory & Expiratory |
| Breath Sounds | ☐ Absent ☐ Diminished ☐ Rub<br>☐ Coarse ☐ Fine ☐ Stridor<br>☐ Crackles ☐ Rhonchi ☐ Wheezes |
| **Oxygen** | |
| O2 Sat By Pulse Oximetry | (92 - 100 %) |
| Oxygen Delivery Method | ○ Room Air ○ High Flow Nasal Cannula ○ Oscillator<br>○ BiPap ○ Mask, Aerosol ○ Oxymizer<br>○ Blow-By ○ Mask, Oxy ○ Positive Pressure BVM<br>○ CPAP ○ Mask, Simple ○ T-Piece<br>○ CPAP, Bubble ○ Mask, Venturi ○ Trach Collar<br>○ CPAP, W/Vent ○ Nasal Cannula ○ Ventilator<br>○ Face Tent ○ Non-Rebreather<br>○ Other |
| Oxygen Flow Rate | (L/min) |
| FiO2 | (%) |
| **Cough** | |
| Cough | ☐ Dry ☐ Productive ☐ Weak<br>☐ Moist ☐ Strong ☐ With Suctioning<br>☐ Non-Productive ☐ Tight |

| | |
|---|---|
| **Sputum** | |
| Sputum Amount | ○ Copious ○ Moderate ○ Scant |
| Sputum Color | ☐ Brown ☐ Pink Tinged ☐ White<br>☐ Clear ☐ Red (Blood) ☐ Yellow<br>☐ Green ☐ Tan |
| Sputum Consistency | ○ Frothy ○ Tenacious ○ Thin<br>○ Mucoid ○ Thick |
| Sputum Production Method | ○ Deep Tracheal Suction ○ Expectoration ○ Oropharynx Suction<br>○ Endotracheal Suction ○ Nasotracheal Suction ○ Tracheostomy Tube |



Patient Label

| Tracheostomy | |
|---|---|
| Tracheostomy Type | ☐ Cuffed ☐ Inner Cannula<br>☐ Non-Cuffed ☐ No Inner Cannula<br>☐ Fenestrated ☐ XLT<br>☐ Non-Fenestrated |
| Tracheostomy Size | ____ (mm) |
| Tracheostomy Speaking Valve | ○ Yes<br>○ No<br>Comment ____ |
| Obturator At Bedside | ○ Yes<br>○ No |
| Airway Type | ○ Endotracheal Tube ○ Nasotracheal Tube ○ Tracheostomy Tube<br>○ Nasal Airway ○ Oral Airway ○ Cricoidectomy<br>○ Artificial Airway Removed |
| **Chest Tube Assessment - Occurrence #1** | |
| → Chest Tube Location | ☐ #1 ☐ #2<br>☐ #3 ☐ #4<br>☐ Left Anterior Lateral ☐ Right Anterior Lateral<br>☐ Left Anterior Lower ☐ Right Anterior Lower<br>☐ Left Anterior Midline ☐ Right Anterior Midline<br>☐ Left Anterior Upper ☐ Right Anterior Upper<br>☐ Left Posterior Lateral ☐ Right Posterior Lateral<br>☐ Left Posterior Lower ☐ Right Posterior Lower<br>☐ Left Posterior Midline ☐ Right Posterior Midline<br>☐ Left Posterior Upper ☐ Right Posterior Upper<br>☐ Mediastinal |
| Chest Tube Type | ○ Pigtail ○ Silastic ○ Standard ○ Vent |
| Chest Tube Mode | ○ Bulb ○ H2O Seal With Suction<br>○ Dry Suction ○ One Way Valve<br>○ H2O Seal |
| Chest Tube Suction | ____ (cm H2O) |
| Collection Device Status | ☐ Air Leak ☐ Clamped ☐ No Air Leak<br>☐ Bubbling ☐ Fluctuation ☐ Patent |
| Chest Tube Drainage Description | ☐ Brown ☐ Clots ☐ Sanguineous<br>☐ Clear ☐ Green ☐ Serous<br>☐ Cloudy ☐ Purulent ☐ Yellow |
| Chest Tube Insertion Site Appearance | ☐ Blackened ☐ Draining ☐ Open To Air<br>☐ Bleeding ☐ Hematoma ☐ Reddened<br>☐ Clean/Dry ☐ Itching ☐ Suture Intact |
| Chest Tube Dressing | ☐ Changed ☐ Dry & Intact ☐ Reinforced<br>☐ Drainage Circled |
| Chest Tube Care | ☐ Collection System Changed ☐ Tubing Secured ☐ Water Level Adjusted<br>☐ Discontinued/Removed |
| Chest Tube Clamp at Bedside | ○ Yes ○ N/A |
| Chest Tube Complication | ○ Crepitus/SQ Emphysema<br>○ Other ____ |

| Respiratory Comments | |
|---|---|
| Respiratory Comments | |



Patient Label

**DOWNTIME DO NOT DESTROY/File in Permanent Record/DO NOT DESTROY**

## Gastrointestinal Assessment

| Gastrointestinal Parameters | |
|---|---|
| Gastrointestinal Parameters | ○ WDL ○ WDL Except<br>Within Defined Limits (WDL) as evidenced by:<br>-Abdomen soft, non-tender, non-distended<br>-Having BM's within own normal pattern and consistency<br>-Passing flatus<br>-No nausea or vomiting<br>-Bowel sounds active in all 4 quadrants |
| **Gastrointestinal Assessment** | |
| Abdomen Description | ☐ Ascitic ☐ Guarding ☐ Round<br>☐ Distended ☐ Rebound Tenderness ☐ Tender<br>☐ Firm ☐ Rigid ☐ Other<br>☐ Gravid |
| Other Abdomen Description | |
| Abdominal Girth | (cm) |
| Gastrointestinal Symptoms | ☐ Appetite Changes ☐ Diarrhea ☐ Nausea<br>☐ Bloating ☐ Epigastric Pain ☐ Rectal Bleeding<br>☐ Blood In Stool ☐ Heartburn ☐ Swallowing Impaired<br>☐ Constipation ☐ Hemorrhoids ☐ Vomiting<br>☐ Cramping ☐ Incontinent ☐ Other |
| Other Gastrointestinal Symptoms | |
| Flatus | ○ Absent |
| Emesis Description | ☐ Bile ☐ Clear ☐ Projectile<br>☐ Blood Tinged ☐ Coffee Grounds ☐ Undigested Food<br>☐ Bright Red Blood ☐ Fecal ☐ Other |
| Other Emesis Description | |
| **Bowel Sounds - Occurrence #1** | |
| Bowel Sound Location | ○ Left Upper Quadrant ○ Right Upper Quadrant<br>○ Left Lower Quadrant ○ Right Lower Quadrant |
| Bowel Sounds | ○ Absent ○ Hyperactive ○ Hypoactive ○ Bruit |



Patient Label

| Gastric Tube - Occurrence #1 | |
|---|---|
| → Gastric/Enteral Tube Location | ○ Left Naris ○ Right Naris ○ Abdomen ○ Oral |
| → Gastric/Enteral Tube Type | ○ G Tube ○ J Tube ○ PEG Tube<br>○ G-J Tube: G Port ○ NG Tube ○ Post Pyloric Feeding Tube<br>○ G-J Tube: J Port ○ OG Tube ○ Small Bore Feeding Tube<br>○ Other |
| Gastric/Enteral Tube Purpose | ☐ Feeding ☐ Drainage ☐ Medication |
| Gastric/Enteral Tube Status | ☐ Clamped ☐ Clogged ☐ Patent ☐ To Suction |
| Placement Check | ☐ Endoscopy ☐ pH ☐ X-Ray<br>☐ Fluroscopy ☐ Stomach Contents Returned |
| Gastric Tube Suction | ☐ Continuous ☐ High ☐ Low<br>☐ Gravity ☐ Intermittent ☐ Medium |
| Gastric/Enteral Tube Site Description | ○ Clean & Dry ○ Erythemetous ○ Serosanguinous Drainage<br>○ Denuded ○ Purulent Drainage ○ Serous Drainage<br>○ Edemateous ○ Sanguinous Drainage ○ Ulcerated<br>○ Other |
| Gastric Tube Drainage Description | ☐ None ☐ Coffee Grounds ☐ Sanguineous<br>☐ Blood Tinged ☐ Dark Red ☐ Serosanguineous<br>☐ Bright Red ☐ Fecal ☐ Serous<br>☐ Brown ☐ Green ☐ Undigested Food<br>☐ Clear ☐ Pink ☐ Other<br>☐ Cloudy ☐ Purulent |
| Other Gastric Tube Drainage Description | |
| Gastric/Enteral Tube Cm Mark At Nares/Lip | (cm) |

| Ostomy Assessement - Occurrence #1 | |
|---|---|
| → Location | ○ Left Upper Abdomen ○ Right Upper Abdomen ○ Midline Abdomen<br>○ Left Lower Abdomen ○ Right Lower Abdomen |
| → GI Diversion Type | ○ Colostomy ○ Ileostomy<br>○ Other |
| GI Stoma Characteristics | ☐ Budded ☐ Flush ☐ Pale ☐ Round<br>☐ Cyanotic ☐ Moist ☐ Pink ☐ Stenosed<br>☐ Dry ☐ Necrotic ☐ Prolapse ☐ Other<br>☐ Edematous ☐ Oval ☐ Retracted |
| GI Stoma Size | (mm) |
| Collection Device | ☐ 1-Piece ☐ 2-Piece ☐ Convex<br>☐ Drainable ☐ Flat ☐ Non-Drainable |
| **Gastrointestinal Comments** | |
| Gastrointestinal Comments | |



Patient Label

**Genitourinary Parameters**

| Genitourinary Parameters | |
|---|---|
| Genitourinary Parameters | ○ WDL ○ WDL Except<br>Within Defined Limits (WDL) as evidenced by:<br>- Voids without dysuria or incontinence<br>- Bladder non-distended<br>- No genital edema or discharge |
| **Genitourinary Assessment** | |
| Genitourinary Symptoms | ☐ Anuria ☐ Hematuria ☐ Polyuria<br>☐ Burning ☐ Hesitancy ☐ Retention<br>☐ Discharge ☐ Incontinent ☐ Suprapubic Tenderness<br>☐ Distended ☐ Itching ☐ Unable To Void<br>☐ Dribbling ☐ Nocturia ☐ Urgency<br>☐ Dysuria ☐ Oliguria ☐ Other<br>☐ Frequency |
| Other Genitourinary Symptoms | |
| Urinary Stents | ☐ Present ☐ Intact ☐ Non-Intact |
| Voiding Method | ○ 3-Way Catheter ○ Ileal Conduit ○ Pediatric Diaper<br>○ Adult Disposable Brief ○ Incontinence ○ Self Catheterization<br>○ Bedpan ○ Indwelling Catheter ○ Suprapubic Catheter<br>○ Bedside Commode ○ Intermittent Catheter ○ Toilet<br>○ Condom Catheter ○ Nephrostomy ○ Urinal<br>○ Other |
| **Catheter Assessment** | |
| Indwelling Catheter Present on Admission | ○ Yes<br>○ No<br>Comment |
| **Genital Discharge** | |
| Genital Discharge | ○ Yes |
| Genital Discharge Amount | ○ Copious ○ Moderate ○ Scant<br>○ Large ○ Small |
| Genital Discharge Description | ☐ Blood Tinged ☐ Dark Red ☐ Serosanguineous<br>☐ Bright Red ☐ Green ☐ Serous<br>☐ Brown ☐ Menses ☐ White<br>☐ Clear ☐ Purulent ☐ Yellow<br>☐ Clots ☐ Sanguineous ☐ Other |
| Other Genital Discharge | |
| Genital Discharge Odor | ○ Foul<br>○ Other |
| **Vaginal Discharge** | |
| Vaginal Packing | ○ Fell Out ○ D/C'd By Nurse ○ In Place/Visualized<br>○ D/C'd By Provider ○ In Place ○ Other |
| Other Vaginal Packing | |



Patient Label

| Urinary Stoma - Occurrence #1 | |
|---|---|
| Urinary Stoma Location | ○ Left Upper Abdomen ○ Right Upper Abdomen ○ Midline Abdomen<br>○ Left Lower Abdomen ○ Right Lower Abdomen |
| Urinary Stoma Type | ○ Ileal Conduit/Urostomy<br>○ Other |
| GU Stoma Characteristics | ☐ Budded ☐ Moist ☐ Prolapse<br>☐ Cyanotic ☐ Necrotic ☐ Retracted<br>☐ Dry ☐ Oval ☐ Round<br>☐ Edematous ☐ Pale ☐ Stenosed<br>☐ Flush ☐ Pink ☐ Other |
| Other GU Stoma Characteristics | |
| **Genitourinary Comments** | |
| Genitourinary Comments | |



Patient Label

## Musculoskeletal Assessment

| Musculoskeletal Parameters | |
|---|---|
| Musculoskeletal Parameters | ○ WDL ○ WDL Except<br>Within Defined Limits (WDL) as evidenced by:<br>-No physical limitations<br>-Full ROM<br>-Pain at tolerable level<br>-Independently mobile with no assistive devices<br>-Circulation and sensation intact<br>-No signs or symptoms of compartment syndrome as evidence by no increased pain to extremity with passive stretch or elevation |
| Patient Exhibits | ○ Generalized Weakness ○ Paraplegia ○ Quadraplegia<br>○ Other |
| **Musculoskeletal Impairment - Occurrence #1** | |
| Impairment Location Modifier | ☐ Generalized ☐ Upper ☐ 3rd<br>☐ Left ☐ Lower ☐ 4th<br>☐ Right ☐ 2nd ☐ 5th |
| Musculoskeletal Impairment Location | ○ Ankle ○ Forearm ○ Leg<br>○ Arm ○ Great Toe ○ Neck<br>○ Back ○ Hand ○ Pelvis<br>○ Clavicle ○ Head ○ Shoulder<br>○ Elbow ○ Hip ○ Thumb<br>○ Extremity ○ Jaw ○ Toe<br>○ Finger ○ Knee ○ Wrist<br>○ Foot<br>○ Other |
| Impairment | ☐ Amputation ☐ Flaccid ☐ Stiffness<br>☐ Cast ☐ Foot Drop ☐ Swelling<br>☐ Contracture ☐ Functional Limitation ☐ Tenderness<br>☐ Decreased ROM ☐ Immobilized ☐ Unable To Assess<br>☐ Decreased Strength ☐ Non-Weight Bearing ☐ Unable To Move<br>☐ Deformity ☐ Paralysis ☐ Unsteady Gait<br>☐ External Fixator ☐ Splint ☐ Other |
| Other Impairment | |
| **Ambulation Assessment** | |
| Factors Limiting Ambulation/Activity | ☐ Attention Impaired ☐ Immobility ☐ Sensation Impaired<br>☐ Balance Impaired ☐ Pain ☐ Transfer Assistance<br>☐ Endurance Decreased ☐ Poor Safety Awareness ☐ Vision Impaired<br>☐ Gait Impaired ☐ Refused ☐ Weakness<br>☐ Gait Unsteady ☐ ROM Impaired ☐ Other |
| Other Factors Limiting Ambulation/Activity | |
| Ambulation/Pt Mobility Status | ○ Minimum Assist ○ Moderate Assist ○ Maximum Assist<br>○ Other |
| Musculoskeletal Ortho Device | ☐ Ankle Foot Orthotic ☐ Hip Brace ☐ Soft Cervical Collar<br>☐ Back Brace ☐ Immobilizer ☐ Splint<br>☐ Cast ☐ Knee Brace ☐ Walking Boot<br>☐ Foot Brace ☐ Sling ☐ Other<br>☐ Hard Cervical Collar |
| Other Musculoskeletal Ortho Device | |
| Musculoskeletal Ortho Equipment | ☐ Abductor Pillow ☐ Ice Machine ☐ Warming Pad<br>☐ CPM ☐ Trapeze ☐ Other<br>☐ Foot Cradle |
| Other Musculoskeletal Ortho Equipment | |
| Musculoskeletal Precautions | ☐ Abduction ☐ Hip Flex/Extended ☐ Knee<br>☐ Adduction ☐ Hip INT/EXT Rotation ☐ Sternal<br>☐ Back/Spine ☐ Other |
| Other Musculoskeletal Precautions | |



Patient Label

**Musculoskeletal Assessment**

| Sensation Assessment - Occurrence #1 | |
|---|---|
| Circulation Sensory Motor Location Modifier | ☐ Left ☐ Upper ☐ 2nd ☐ 4th<br>☐ Right ☐ Lower ☐ 3rd ☐ 5th |
| Circulation Sensory Motor Location | ○ Ankle ○ Finger ○ Hip ○ Pelvis<br>○ Arm ○ Foot ○ Jaw ○ Shoulder<br>○ Back ○ Forearm ○ Knee ○ Thumb<br>○ Clavicle ○ Great Toe ○ Leg ○ Toe<br>○ Elbow ○ Hand ○ Neck ○ Wrist<br>○ Extremity ○ Head<br>○ Other |
| Circulation Sensory Motor Deficit | ☐ Burning ☐ Hypersensitivity ☐ Pallor<br>☐ Capillary Refill > 3sec ☐ No Sensation ☐ Tingling<br>☐ Change In Skin Temp ☐ Numbness ☐ Other<br>☐ Edema ☐ Pain Unrelieved |
| Other Circulation Sensory Motor Deficit | |
| Temperature And Moisture | ☐ Clammy ☐ Cool ☐ Dry ☐ Moist<br>☐ Cold ☐ Diaphoretic ☐ Hot ☐ Warm |
| Movement | ○ Decreased Movement ○ Unable To Move Extremity |
| **Musculoskeletal Comments** | |
| Musculoskeletal Comments | |



Patient Label

**Psychosocial Assessment**

| | |
|---|---|
| **Unable to Assess** | |
| Unable to Assess Patient | ○ Patient Unresponsive<br>○ Other |
| **Psychosocial Parameters** | |
| Psychosocial Parameters | ○ WDL ○ WDL Except<br>Within Defined Limits (WDL) as evidenced by:<br>- No evidence of barriers<br>- Developmentally appropriate<br>- Behavior is cooperative and appropriate |
| **Psychosocial Assessment** | |
| Adequate Support System | ○ No |
| Barriers/Barriers To Care Involvement/ Psychosocial Barriers | ☐ Cultural ☐ Language ☐ Religious<br>☐ Social ☐ Acute Emotional Distress ☐ Cog/Developmental Age |
| Behavior | ☐ Agitated ☐ Fearful ☐ Restless<br>☐ Combative ☐ Inappropriate ☐ Uncooperative<br>☐ Crying ☐ Passive ☐ Withdrawn<br>☐ Denies Problems ☐ Other |
| Mood | ☐ Angry ☐ Flat ☐ Restless<br>☐ Anxious ☐ Hostile ☐ Sad<br>☐ Concerned ☐ Irritable ☐ Suicidal Thought<br>☐ Depressed ☐ Labile ☐ Uncooperative<br>☐ Disoriented ☐ Paranoid ☐ Withdrawn<br>☐ Euphoric ☐ Quiet ☐ Other |
| **Psychosocial Comments** | |
| Psychosocial Comments | |

**Integumentary Assessment**

| Integumentary Parameters | |
|---|---|
| Integumentary Parameters | ○ WDL ○ WDL Except ○ See Wnd/Press Ulcer Asmt<br>The following assessed and found to be within defined limits as evidenced by: Skin warm, dry and intact, good turgor, mucous membranes moist and intact, no rash, petechiae, jaundice and ecchymosis |
| **Integumentary General Appearance** | |
| Skin Turgor | ○ Elastic ○ Loose ○ Tight ○ Tenting ○ Edematous |
| Skin Color | ☐ Ashen ☐ Cyanotic ☐ Dusky ☐ Flushed ☐ Jaundice ☐ Mottled ☐ Pale ☐ Ruddy |
| **Integumentary - Occurrence #1** | |
| Skin Characteristic Location Modifier | ☐ 2nd ☐ 3rd ☐ 4th ☐ 5th ☐ Anterior ☐ Distal ☐ Dorsal ☐ Lateral ☐ Left ☐ Lower ☐ Medial ☐ Midline ☐ Palmar ☐ Plantar ☐ Posterior ☐ Proximal ☐ Right ☐ Upper |
| Skin Characteristic Location | ○ Abdomen ○ Ankle ○ Antecubital ○ Arm ○ Axilla ○ Back ○ Breast ○ Buttock ○ Calf ○ Cheek ○ Chest ○ Chin/Jaw ○ Coccyx/Sacrum ○ Ear ○ Elbow ○ Other ○ Finger ○ Foot ○ Forehead ○ Generalized ○ Genital ○ Gluteal Cleft ○ Great Toe ○ Groin ○ Hand ○ Head ○ Heel ○ Hip ○ Ischial Tub ○ Knee ○ Leg ○ Lips ○ Neck ○ Nose ○ Pannus ○ Perianal ○ Perineum ○ Scapula ○ Scrotum ○ Shin ○ Shoulder ○ Sternum ○ Thigh ○ Thumb ○ Toe ○ Wrist |
| Integumentary Issues | ☐ Bruise ☐ Hives ☐ Rash ☐ IAD ☐ Scar ☐ Cellulitis ☐ Petechiae ☐ Scratch ☐ Other |
| Other Integumentary Issues | |
| Integumentary Issue Appearance | ☐ Blackened ☐ Cracked ☐ Crusting ☐ Cyanotic ☐ Dry ☐ Dusky ☐ Ecchymosis ☐ Erythema ☐ Flaky ☐ Fragile ☐ Jaundice ☐ Mottled ☐ Pale ☐ Ruddy ☐ Other |
| Other Integumentary Issue Appearance | |

| | |
|---|---|
| Rash Characteristics | ☐ Burning ☐ Crusting ☐ Draining ☐ Dry ☐ Flat ☐ Grouped ☐ Itching/Pruritis ☐ Pain ☐ Raised ☐ Tingling |
| Rash Color | ☐ Pink ☐ Red ☐ Purple ☐ Brown |
| **Integumentary Comments** | |
| Integumentary Comments | |



Patient Label

**Therapeutic Device Skin Assessment**

| Therapeutic Device Skin Assessment - Occurrence #1 | |
|---|---|
| Therapeutic Device Location | ○ Lower Extremity Left ○ Upper Extremity Left<br>○ Lower Extremity Right ○ Upper Extremity Right<br>○ Other |
| Therapeutic Device Used | ○ Abdominal Binder ○ ET Tube Holder<br>○ Abductor Pillow ○ Heel Lift Boot<br>○ Ankle/Foot Orthosis (AFO) ○ Immobilizer<br>○ Bowel Mgmnt System ○ Mittens<br>○ Cervical Collar ○ Nasal Cannula Tubing<br>○ Cooling Blanket/Device ○ Oxygen Mask<br>○ CPAP ○ Sling<br>○ Custom Orthotic Brace ○ Splint<br>○ Elastic Wrap ○ Warming Blanket/Device<br>○ Other |
| Time Removed | |
| Time Reapplied | |
| Skin Intact | ○ Yes<br>○ No<br>If skin not intact, document findings on the "Wound Assessment" |
| Nursing Notified of Potential Device Related Skin Issue | ○ Yes<br>○ No<br>Comment |
| Comment | |
| **Therapeutic Device Skin Assessment - Occurrence #2** | |
| Therapeutic Device Location | ○ Lower Extremity Left ○ Upper Extremity Left<br>○ Lower Extremity Right ○ Upper Extremity Right<br>○ Other |
| Therapeutic Device Used | ○ Abdominal Binder ○ ET Tube Holder<br>○ Abductor Pillow ○ Heel Lift Boot<br>○ Ankle/Foot Orthosis (AFO) ○ Immobilizer<br>○ Bowel Mgmnt System ○ Mittens<br>○ Cervical Collar ○ Nasal Cannula Tubing<br>○ Cooling Blanket/Device ○ Oxygen Mask<br>○ CPAP ○ Sling<br>○ Custom Orthotic Brace ○ Splint<br>○ Elastic Wrap ○ Warming Blanket/Device<br>○ Other |
| Time Removed | |
| Time Reapplied | |
| Skin Intact | ○ Yes<br>○ No<br>If skin not intact, document findings on the "Wound Assessment" |
| Nursing Notified of Potential Device Related Skin Issue | ○ Yes<br>○ No<br>Comment |
| Comment | |



Patient Label

**DOWNTIME DO NOT DESTROY/File in Permanent Record/DO NOT DESTROY**

**RN Pressure Ulcer Assessment**

| Assessment | |
|---|---|
| Pressure Ulcer Assessment Type | ○ Admission ○ New Finding ○ Shift<br>○ Change In Status ○ Off Unit > 2 Hr(s) ○ Transfer<br>○ Discharge ○ Pt Refused 4 Eyes ○ Weekly Rounds |
| Provider Notified Of Change | ○ Yes<br>○ No<br>Comment |
| **Pressure Ulcer - Occurrence #1** | |
| Pressure Ulcer Location Modifier | ☐ 2nd ☐ Dorsal ☐ Palmar<br>☐ 3rd ☐ Lateral ☐ Plantar<br>☐ 4th ☐ Left ☐ Posterior<br>☐ 5th ☐ Lower ☐ Proximal<br>☐ Anterior ☐ Medial ☐ Right<br>☐ Distal ☐ Midline ☐ Upper |
| Pressure Ulcer Location | ○ Ankle/Malleolus ○ Heel ○ Occipital<br>○ Coccyx/Sacrum ○ Hip/Trochanter ○ Shoulder/Scapula<br>○ Ear ○ Ischial Tub ○ Spine<br>○ Elbow ○ Knee ○ Thumb<br>○ Finger ○ Nose ○ Toe<br>○ Great Toe<br>○ Other |
| Pressure Ulcer Present On Admission | ○ Yes<br>○ No<br>Comment<br>This query only needs to be documented when the patient is admitted.<br>Document actual location and staging on Pressure Ulcer Assessment. |
| Pressure Ulcer Not Visualized | ○ Dressing Change Not Due ○ Initial Post-Op Dressing ○ MD Order/Keep Drsg Intact<br>○ Wound Vac In Use<br>○ Other |
| Pressure Ulcer Stage | ○ Stage I ○ Stage III ○ Suspct Deep Tissue Injury<br>○ Stage II ○ Stage IV ○ Unstageable<br>Stage I: Intact skin with non-blanchable redness of a localized area usually over a bony prominence.<br><br>Stage II: Partial thickness loss of dermis presenting as a shallow open ulcer with a red pink wound bed, without slough. May also present as intact or open/ruptured serum filled blister.<br><br>Stage III: Full thickness tissue loss. Subcutaneous fat may be visible but bone, tendon or muscle are not exposed. Slough may be present but does not obscure the depth of tissue loss. May include undermining or tunneling.<br><br>Stage IV: Full tissue loss with exposed bone, tendon, or muscle (It is the opinion of the NPUAP that cartliage serves the same anatomical function as bone) . Slough or eschar may be present on some parts of the wound bed. Often include undermining and tunneling.<br><br>Suspected Deep Tissue Injury: Purple or maroon localized area of discolored intact skin or blood-filled blister due to damage of underlying soft tissue from pressure and/or shear. The area may be preceded by tissue that is painful, firm, mushy, boggy, warmer or cooler as compared to adjacent tissue.<br><br>Unstageable: Full thickness tissue loss in which the base of the ulcer is covered by slough (yellow, tan, gray, green or brown) and/or eschar (tan, brown, or black) in the wound bed. |
| Pressure Ulcer Classification | ○ Full Thickness ○ Partial Thickness |

| | |
|---|---|
| Pressure Ulcer Wound Bed Appearance | ☐ Bleeding ☐ Blister, Blood Filled ☐ Blister, Serum Filled ☐ Boggy ☐ Bone Palpated ☐ Bone Visible ☐ Crust/Scab ☐ Closed/Resurfaced ☐ Deep Bruise ☐ Desiccated (Dry) ☐ Draining ☐ Edges Rolled ☐ Epithelialization ☐ Eschar-Dry ☐ Eschar-Wet ☐ Fibrin ☐ Granulation Tissue ☐ Healed Scar ☐ Hypergranulation ☐ Intact Skin ☐ Moist ☐ Non-Granulated ☐ Reddened/Non Blanching ☐ Slough ☐ Tendon/Muscle ☐ Other |
| Other Pressure Ulcer Wound Bed Appearance | |
| Pressure Ulcer Wound Bed Color | ☐ Black ☐ Pink ☐ Purple/Maroon ☐ Red ☐ Yellow |
| Pressure Ulcer Wound Bed Color Comment | |
| Pressure Ulcer Surrounding Tissue Description | ☐ Blister ☐ Boggy ☐ Bruise ☐ Callous/Hypertrophic ☐ Crepitus ☐ Denuded ☐ Dry/Flaky/Crusty ☐ Edematous ☐ Erythema ☐ Excoriated ☐ Hyperpigmented ☐ Induration ☐ Intact ☐ Macerated ☐ New Re-Epithelialized Tis ☐ Peeling ☐ Petechiae ☐ Pink ☐ Rash ☐ Red And Irritated ☐ Red/Blanching ☐ Scar ☐ Thin/Fragile ☐ Weeping ☐ Other |
| Other Pressure Ulcer Surrounding Tissue Description | |
| Pressure Ulcer Drainage Amount | ○ None ○ Minimal-25% Of Drsg ○ Large-Over 50% Of Drsg ○ Scant- < 25% Of Drsg ○ Moderate-50% Of Drsg ○ Other |
| Pressure Ulcer Drainage Description | ☐ Brown ☐ Green ☐ Purulent ☐ Sanguineous ☐ Serosanguineous ☐ Serous ☐ Tan ☐ Yellow ☐ Other |
| Other Pressure Ulcer Drainage Description | |
| Pressure Ulcer Drainage Odor | ○ None/Absent ○ Mild ○ Foul<br>Assess pressure ulcer drainage odor after cleaning. |
| Pressure Ulcer Greatest Length | (cm) |



Patient Label

| | |
|---|---|
| Pressure Ulcer Greatest Width | (cm) |
| Pressure Ulcer Depth | (cm) |
| Unable To Determine Pressure Ulcer Depth Due To | ○ Non-Viable Tissue<br>○ Other |
| Pressure Ulcer Photo Taken | ○ Yes<br>○ No<br>Comment |
| Pressure Ulcer Culture Taken | ○ Yes<br>○ No<br>Comment |
| PU Cleanser Used | ☐ Betadine Solution ☐ Sterile Water ☐ Other<br>☐ Normal Saline ☐ Wound Cleanser |
| Other PU Cleanser Used | |
| PU Cleansing Method Used | ☐ Basin ☐ Irrigation ☐ Soak<br>☐ Catheter ☐ Pulse Lavage ☐ Syringe<br>☐ Gauze ☐ Rinse |
| PU Topical Treatment | ○ Barrier Cream ○ Silver Powder ○ Therapeutic Honey<br>○ Betadine<br>○ Other |
| Pressure Ulcer Primary Dressing | ☐ Absorbant Pad ☐ Gauze Packing Strip ☐ Open To Air<br>☐ Alginate/Hydrofiber ☐ Gauze Roll ☐ Non-Adherent Dressing<br>☐ Alginate/HydrofiberSilver ☐ Hydrocolloid ☐ Silicone Dressing<br>☐ Collagen ☐ Hydrogel ☐ Transparent Film<br>☐ Contact Layer ☐ Hydrogel-Sheets ☐ Vaseline Gauze<br>☐ Drain Sponge ☐ Iodoform Packing Strip ☐ Wide Mesh Oil Emulsion<br>☐ Foam ☐ Island Dressing ☐ Xeroform<br>☐ Gauze ☐ Other |
| Other Pressure Ulcer Primary Dressing | |
| Pressure Ulcer Secondary Dressing | ☐ Absorbant Pad ☐ Gauze ☐ Non-Adherent Dressing<br>☐ Adhering Gauze Roll ☐ Gauze Roll/Wrap ☐ Transparent Film<br>☐ Elastic Bandage ☐ Hydrocolloid ☐ Other<br>☐ Foam ☐ Island Dressing |
| Other Pressure Ulcer Secondary Dressing | |
| Pressure Ulcer Dressing Secured With | ☐ Gauze Roll ☐ Self Adhesive Gauze Roll ☐ Tape<br>☐ Netting/Padding ☐ Stockinette ☐ Other |



Patient Label

| | |
|---|---|
| Other Pressure Ulcer Dressing Secured With | |
| Pressure Ulcer Dressing Change Date Due | |
| PU Negative Pressure Therapy Dsg Intact | ○ Yes<br>○ No<br>Comment |
| PU Negative Pressure Therapy Mode | ○ Continuous ○ Intermittent<br>○ Other |
| PU Negative Pressure Therapy Setting | ○ 75 mmHg ○ 100 mmHg ○ 125 mmHg<br>○ Other |
| Pressure Ulcer Comment | |



Patient Label

**RN Wound Assessment**

| Assessment | |
|---|---|
| Wound Assessment Type | ○ Admission ○ New Finding ○ Shift<br>○ Change In Status ○ Off Unit > 2 Hr(s) ○ Transfer<br>○ Discharge ○ Pt Refused 4 Eyes ○ Weekly Rounds |
| Provider Notified Of Change | ○ Yes<br>○ No<br>Comment |
| Wound Present On Admission | ○ Yes<br>○ No<br>Comment |
| **Wound - Occurrence #1** | |
| → Wound Bed Location Modifier | ☐ 2nd ☐ Dorsal ☐ Palmar<br>☐ 3rd ☐ Lateral ☐ Plantar<br>☐ 4th ☐ Left ☐ Posterior<br>☐ 5th ☐ Lower ☐ Proximal<br>☐ Anterior ☐ Medial ☐ Right<br>☐ Distal ☐ Midline ☐ Upper |
| → Wound Bed Location | ○ Abdomen ○ Finger ○ Lips<br>○ Ankle ○ Foot ○ Neck<br>○ Antecubital ○ Forehead ○ Nose<br>○ Arm ○ Generalized ○ Pannus<br>○ Axilla ○ Genital ○ Perianal<br>○ Back ○ Gluteal Cleft ○ Perineum<br>○ Breast ○ Great Toe ○ Scapula<br>○ Buttock ○ Groin ○ Scrotum<br>○ Calf ○ Hand ○ Shin<br>○ Cheek ○ Head ○ Shoulder<br>○ Chest ○ Heel ○ Sternum<br>○ Chin/Jaw ○ Hip ○ Thigh<br>○ Coccyx/Sacrum ○ Ischial Tub ○ Thumb<br>○ Ear ○ Knee ○ Toe<br>○ Elbow ○ Leg ○ Wrist<br>○ Other |
| → Wound Type | ○ Abrasion ○ Diabetic/Neuropath ○ Road Rash<br>○ Abscess ○ Frostbite ○ Skin Flap<br>○ Amputation ○ Hematoma ○ Skin Graft<br>○ Arterial ○ Incon.Assoc.Dermatitis ○ Skin Tear<br>○ Bite ○ Laceration ○ Stab<br>○ Blister ○ MoistureRelatedSkinDamage ○ Sunburn<br>○ Blister- Unroofed ○ Mucosal Membrane Erosion ○ Surgical<br>○ Burn ○ Pin Site ○ Unknown Etiology<br>○ Degloved ○ Puncture Wound ○ Venous<br>○ Dehiscence<br>○ Other |
| Wound Not Visualized | ○ Dressing Change Not Due ○ Initial Post-Op Dressing ○ MD Order/Keep Drsg Intact<br>○ Wound Vac In Use<br>○ Other |
| Wound Classification | ○ Full Thickness ○ Partial Thickness ○ Superficial |



Patient Label

| | |
|---|---|
| Wound Bed Appearance | ☐ Bleeding ☐ Blister, Blood Filled ☐ Blister, Serum Filled ☐ Bone Palpated ☐ Bone Visible ☐ Crust/Scab ☐ Dessicated (Dry) ☐ Draining ☐ Edges Rolled ☐ Eschar-Dry ☐ Eschar-Wet ☐ Fibrin ☐ Granulated Tissue ☐ Hardware Visible ☐ Hypergranulation ☐ Intact Skin ☐ Moist ☐ Non-Granulated ☐ Slough ☐ Staples Intact ☐ Steri Strips Intact ☐ Sutures Intact ☐ Tendon/Muscle ☐ Unapproximated ☐ Well Approximated ☐ Other |
| Other Wound Appearance | |
| Wound Bed Color | ☐ Black ☐ Pink ☐ Purple/Maroon ☐ Red ☐ Yellow |
| Wound Bed Color Comment | |
| Wound Surrounding Tissue Description | ☐ Blister ☐ Boggy ☐ Bruise ☐ Callous/Hypertrophic ☐ Crepitus ☐ Denuded ☐ Dry/Flaky/Crusty ☐ Edematous ☐ Erythema ☐ Excoriated ☐ Hyperpigmented ☐ Induration ☐ Intact ☐ Macerated ☐ New Re-Epithelialized Tis ☐ Peeling ☐ Petechiae ☐ Pink ☐ Rash ☐ Red And Irritated ☐ Red/Blanching ☐ Scar ☐ Thin/Fragile ☐ Weeping ☐ Other |
| Other Wound Surrounding Tissue Description | |
| Wound Drainage Amount | ○ None ○ Minimal-25% Of Drsg ○ Large-Over 50% Of Drsg ○ Scant-< 25% Of Drsg ○ Moderate-50% Of Drsg ○ Other |
| Wound Drainage Description | ☐ Brown ☐ Green ☐ Purulent ☐ Sanguineous ☐ Serosanguineous ☐ Serous ☐ Tan ☐ Yellow ☐ Other |
| Other Wound Drainage Description | |
| Wound Drainage Odor | ○ None/Absent ○ Mild ○ Foul<br>Assess wound drainage odor after cleaning. |
| Wound Greatest Length | (cm) |
| Wound Greatest Width | (cm) |



Patient Label

| | |
|---|---|
| Wound Depth | (cm) |
| Unable To Determine Wound Depth Due To | ○ Non-Viable Tissue<br>○ Other |
| Wound Photo Taken | ○ Yes<br>○ No<br>Comment |
| Wound Culture Taken | ○ Yes<br>○ No<br>Comment |
| Wound Cleanser Used | ☐ Betadine Solution ☐ Sterile Water ☐ Other<br>☐ Normal Saline ☐ Wound Cleanser |
| Other Wound Cleanser Used | |
| Wound Cleansing Method Used | ☐ Basin ☐ Irrigation ☐ Soak<br>☐ Catheter ☐ Pulse Lavage ☐ Syringe<br>☐ Gauze ☐ Rinse |
| Wound Topical Treatment | ○ Barrier Cream ○ Silver Powder ○ Therapeutic Honey<br>○ Betadine<br>○ Other |
| Wound Primary Dressing | ☐ Absorbant Pad ☐ Gauze Packing Strip ☐ Open To Air<br>☐ Alginate/Hydrofiber ☐ Gauze Roll ☐ Pressure Dressing<br>☐ Alginate/HydrofiberSilver ☐ Hydrocolloid ☐ Silicone Dressing<br>☐ Bandaid ☐ Hydrogel ☐ Transparent Film<br>☐ Collagen ☐ Hydrogel-Sheets ☐ Vaseline Gauze<br>☐ Contact Layer ☐ Iodoform Packing Strip ☐ Wide Mesh Oil Emulsion<br>☐ Drain Sponge ☐ Island Dressing ☐ Wound Pouch<br>☐ Foam ☐ Non-Adherent Dressing ☐ Xeroform<br>☐ Gauze ☐ Other |
| Other Wound Primary Dressing | |
| Wound Secondary Dressing | ☐ Absorbant Pad ☐ Foam ☐ Island Dressing<br>☐ Adhering Gauze Roll ☐ Gauze ☐ Non-Adherent Dressing<br>☐ Bandaid ☐ Gauze Roll/Wrap ☐ Transparent Film<br>☐ Compression Dressing ☐ Hydrocolloid ☐ Other<br>☐ Elastic Bandage |
| Other Wound Secondary Dressing | |
| Wound Dressing Secured With | ☐ Gauze Roll ☐ Self Adhesive Gauze Roll ☐ Tape<br>☐ Netting/Padding ☐ Stockinette ☐ Other |



Patient Label

| | |
|---|---|
| Other Wound Dressing Secured With | |
| Wound Dressing Change Date Due | |
| Wnd Negative Pressure Therapy Dsg Intact | ○ Yes<br>○ No<br>Comment |
| Wnd Negative Pressure Therapy Mode | ○ Continuous ○ Intermittent<br>○ Other |
| Wnd Negative Pressure Therapy Setting | ○ 75 mmHg ○ 100 mmHg ○ 125 mmHg<br>○ Other |
| Wound Comment | |



Patient Label

**Incision Assessment**

**Incision Assessment - Occurrence #1**

| | |
|---|---|
| Incision Location Modifier | ☐ 2nd ☐ 3rd ☐ 4th ☐ 5th ☐ Anterior ☐ Distal ☐ Dorsal ☐ Lateral ☐ Left ☐ Lower ☐ Medial ☐ Midline ☐ Palmar ☐ Plantar ☐ Posterior ☐ Proximal ☐ Right ☐ Upper |
| Incision Location | ○ Abdomen ○ Ankle ○ Antecubital ○ Arm ○ Axilla ○ Back ○ Breast ○ Buttock ○ Calf ○ Cheek ○ Chest ○ Chin/Jaw ○ Coccyx/Sacrum ○ Ear ○ Elbow ○ Finger ○ Foot ○ Forehead ○ Generalized ○ Genital ○ Gluteal Cleft ○ Great Toe ○ Groin ○ Hand ○ Head ○ Heel ○ Hip ○ Ischial Tub ○ Knee ○ Leg ○ Lips ○ Neck ○ Nose ○ Pannus ○ Perianal ○ Perineum ○ Scapula ○ Scrotum ○ Shin ○ Shoulder ○ Sternum ○ Thigh ○ Thumb ○ Toe ○ Wrist ○ Other |
| Incision Type | ○ Incision ○ Skin Flap ○ Other |
| Incision Present | ○ Post Op/Post Procedure ○ On Admission ○ Other |
| Incision Appearance | ☐ Blackened ☐ Bumper Sutures Intact ☐ Clean/Dry ☐ Dehisced ☐ Dryness ☐ Ecchymosis ☐ Epidermal Adhesive ☐ Eviscerated ☐ Flaking ☐ Gangrenous ☐ Hematoma ☐ Itching ☐ Macerated ☐ Open To air ☐ Reddened ☐ Retention Sutures Intact ☐ Staples Intact ☐ Steri-Strips Intact ☐ Sutures Intact ☐ Topical Skin Adhesive ☐ Unapproximated ☐ Well Approximated |
| Incision Not Visualized | ○ Dressing Change Not Due ○ Initial Post-Op Dressing ○ MD Order/Keep Drsg Intact ○ Wound Vac In Use ○ Other |
| Incision Surrounding Tissue Description | ☐ Blister ☐ Boggy ☐ Bruise ☐ Callous/Hypertrophic ☐ Crepitus ☐ Denuded ☐ Dry/Flaky/Crusty ☐ Edematous ☐ Erythema ☐ Excoriated ☐ Hyperpigmented ☐ Induration ☐ Macerated ☐ Scar ☐ New Re-Epithelialized Tis ☐ Petechiae ☐ Pink ☐ Rash ☐ Red And Irritated ☐ Red/Blanching ☐ Weeping ☐ Other |
| Drainage Amount | ○ None ○ Minimal-25% Of Drsg ○ Moderate-50% Of Drsg ○ Large-Over 50% Of Drsg ○ Other |



Patient Label

| | |
|---|---|
| Drainage Description | ○ Blue ○ Brown ○ Bright Red ○ Clear ○ Clot(s) ○ Other ○ Cloudy ○ Green ○ Purulent ○ Sangineous ○ Sediment ○ Serosanguineous ○ Serous ○ Yellow ○ No Drainage |
| Drainage Odor | ☐ None/Absent ☐ Mild ☐ Foul<br>Assess drainage odor after cleaning incision |
| Incision Primary Dressing | ☐ Absorbant Pad ☐ Alginate/Hydrofiber ☐ Alginate/HydrofiberSilver ☐ Bandaid ☐ Collagen ☐ Contact Layer ☐ Drain Sponge ☐ Foam ☐ Gauze ☐ Gauze Packing Strip ☐ Gauze Roll ☐ Hydrocolloid ☐ Hydrogel ☐ Hydrogel-Sheets ☐ Iodoform Packing Strip ☐ Island Dressing ☐ Non-Adherent Dressing ☐ Pressure Dressing ☐ Silicone Dressing ☐ Transparent Film ☐ Vaseline Gauze ☐ Wide Mesh Oil Emulsion ☐ Wound Pouch ☐ Xeroform ☐ Other |
| Other Incision Primary Dressing | |
| Incision Secondary Dressing | ☐ Absorbant Pad ☐ Adhering Gauze Roll ☐ Bandaid ☐ Compression Dressing ☐ Elastic Bandage ☐ Foam ☐ Gauze ☐ Gauze Roll/Wrap ☐ Hydrocolloid ☐ Island Dressing ☐ Non-Adherent Dressing ☐ Transparent Film ☐ Other |
| Other Incision Secondary Dressing | |
| Dressing Status | ☐ Changed ☐ DC'd ☐ Drainage Circled ☐ Dry & Intact ☐ Open to Air |
| Major Wound Care | ○ Yes ○ No<br>Major wound care is defined as a wound that the caregiver(nursing or PT) spends 30 minutes or more to complete. |
| **Incision Negative Pressure Therapy** | |
| Incision Negative Pressure Therapy Dsg Intact | ○ Yes ○ No<br>Comment |
| Incision Negative Pressure Therapy Mode | ○ Continuous ○ Other |
| Incision Negative Pressure Therapy Setting | ○ 75 mmHg ○ 100 mmHg ○ 125 mmHg ○ Other |
| **Incision Comment** | |
| Additional Incision Interventions | ☐ Incision Cleansed ☐ Pin Care ☐ Positioned To Comfort ☐ Staples DC'd ☐ Steri Strips Applied ☐ MD Notified ☐ Reinforced ☐ Photo Taken ☐ Other |
| Incision Comments | |



Patient Label

**Drain assessment**

| Drain Assessment - Occurrence #1 | |
|---|---|
| Drain Location Modifier | ☐ Anterior ☐ Lateral ☐ Posterior<br>☐ Distal ☐ Left ☐ Proximal<br>☐ Drain #1 ☐ Lower ☐ Right<br>☐ Drain #2 ☐ Medial ☐ Temporal<br>☐ Drain #3 ☐ Occipital ☐ Upper<br>☐ Drain #4 ☐ Parietal |
| Drain Location | ○ Abdomen ○ Chest ○ Knee<br>○ Ankle ○ Face ○ Neck<br>○ Arm ○ Foot ○ Pelvis<br>○ Axilla ○ Hand ○ Sacrum<br>○ Back ○ Head ○ Scrotum<br>○ Breast ○ Hip ○ Shoulder<br>○ Buttock ○ Jaw ○ Thigh<br>○ Calf<br>○ Other |
| Drain Type | ○ Accordion Drain ○ Hemovac ○ T-Tube<br>○ Bulb Drain ○ Lumbar ○ VAC NegativePressTherapy<br>○ Davol ○ Penrose ○ Ventriculostomy<br>○ Gravity Drain ○ Reinfusion Drain<br>○ Other |
| Suction | ○ Bulb ○ High/Full Charge ○ Low/Half Charge<br>○ Continuous ○ Medium ○ Thumb Squeeze<br>○ Gravity ○ Intermittent |
| Drainage Insertion Site Assessment | ☐ Blackened ☐ Hematoma ☐ Reddened<br>☐ Clean/Dry ☐ Itching ☐ Suture Intact<br>☐ Draining ☐ Open To Air |
| Drainage Description | ○ Blue ○ Cloudy ○ Serosanguineous<br>○ Brown ○ Green ○ Serous<br>○ Bright Red ○ Purulent ○ Yellow<br>○ Clear ○ Sangineous ○ No Drainage<br>○ Clot(s) ○ Sediment<br>○ Other |
| Drainage Tube Discontinued By | ○ Patient ○ Physician ○ Staff<br>○ Other |
| Additional/Nursing Drain Interventions | ☐ Clamped ☐ Secured ☐ To Gravity<br>☐ Dressing Changed |
| Drain Insertion Date | |
| Drain Discontinue Date | |
| **Drain Comments** | |
| Drain Assessment Comments | |