

Patient: _____ New Patient PMD: _____ Date: _____
Facility: _____ Room/Bed: _____ D.O.B.: _____ Established Patient Length of visit: _____ minutes Provider: _____

Wound Type: _____ Factors Effecting Healing: _____ Obesity _____ Failure to Thrive _____ Limited Mobility _____ Hypoalbuminemia
Pressure _____ Neuropathic _____ Diabetes _____ CVA _____ Respiratory Failure _____ Hospice Status _____ Weakness
Diabetic _____ Trauma/Surgical _____ Neuropathy _____ HTN _____ PAD _____ Medications _____
Venous _____ Mixed _____ Contracture _____ CKD _____ Patient non-compliant behavior _____
Arterial _____ Other: _____ CHF _____ Other: _____

Discussion/Relevant Interim History: The wound measure will increase in depth until the true wound bed is revealed Last Exam Date: _____

No report of Nausea, Vomiting, Fever, or Chills Medication List reviewed in patient chart; no action needed Is this wound healable: Yes No

Labs & Studies

Protein: _____ Albumin: _____ Pre-albumin: _____
HgbA1C: _____ Sed Rate: _____ CRP: _____
Last Blood Draw: _____ Last RD Evaluation: _____
Has there been a significant change in labs since last visit:
Yes No

Other studies: (include results and comments)

Healing Factors

Controllable? Y N Infection Control Y N
Pressure Reduction Infection Control
Hydration Status Vascular Disease
Nutritional Status followed with RD
Metabolic Status followed with PMD

Rationale:

Infection Control

Wound Prophylaxis
Are there signs of possible infection Yes No
Studies: Culture & Sensitivity PCR
Intervention: Topical
Systemic antibiotics: PO IV

Peripheral Edema:

Localized Generalized None
Left Right Bilateral and Symmetrical
Pitting Non-pitting Mild Moderate Severe
Stasis Changes?

Pulses: DP - L 0 1 2 3 4 R 0 1 2 3 4
PT - L 0 1 2 3 4 R 0 1 2 3 4

Adequate Extremity Arterial Perfusion? YES NO

Evidence: Diminished Pedal Pulses
Capillary Refill Time: Right sec Left sec

Color: pink/normal erythematous pallor cyanotic

Distal Temp: warm cool cold ice-cold B/L and sym

Vascular Testing Performed: ABI Arterial Doppler

TcPO2 (digital O2 perfusion) Toe-Brachial Index Angiogram

Venous Doppler Venous Duplex Venography

Is vascular intervention planned? YES NO

Vascular specialist's opinion: patient healable

candidate for surgical intervention and healable

not a candidate for surgery, but healable

not a candidate for revascularization surgery/not healable

Comments See note of _____

Nutritional Status

Current factors of concern:

Decreasing BMI Increasing Risk of Pressure Injury

Delay in Healing Increasing Loss of Weight

Interventions currently employed:

Protein Supplement Protein Additive 3 6 8 gm/day

MVI/Mineral supplement Add't Vitamins: A C D3

Add't Mineral: Cu++ Fe++ Zn++

Today's Treatment Plan

Serial/Surgical Debridement performed today by the provider, with removal of biofilm, non-viable tissue, infected tissue excessive granulation
Surgical debridement will continue as needed, performed by the provider, while non-selective active wound care continues by staff between visits
Selective debridement will continue as needed, performed by the provider, while non-selective active wound care continues by staff between visits
Pressure reduction and offloading continue:
Healing factors addressed:
No New Orders
Recommend Comprehensive RD Evaluation

Provider Signature:

Wound #: Location:

Pre- Post- L W D
Assessed Stage of Wound: 1 2 3 4
US DTI Non-Pressure

Wound Type (this wound):

Debridement: Selective Surgical Serial/Surgical

Prognosis

Healable: Goals
Eventual Closure Convert to Self-care or Home Health (if patient's general health, medical issues, continuing adequate mental status, and home environment allow this change)

Non-healable: Goal - Palliation

Minimize the risk of the following:

Additional Loss of Activity Psycho-social issues for the patient and their family

Negative Progression of Wound Additional Devitalized Tissue Frequency of Hospitalization

Hospital Length of Stay Infection Amputation Sepsis Death

Tissue Involvement/Uncovered:

Superficial Fascia Fat Muscle/Tendon

Periosteum Bone Other:

Drainage: None Scant Light Moderate Heavy Copious

Type: Serosus Serosanguinous Seropurulent Purulent

Odor: None Increasing Decreasing

Malodor Sweet Fecal Other

Wound Bed:

Pink % Yellow/White % Eschar % Slough %

Necrotic % Other: % Boney prominence Yes No

Sinus /Tunneling Yes No

Wound Margins & Periwound: (circle)

Intact Smooth Regular Macerated Hypergranular Epiboly Erythema Atrophic

Slough Thickened Irregular Friable Keratotic Indurated Ecchymosis Necrotic

Treatment: Topical & Dressing

Debridement Report: Probe to Bone Yes No

Debridement Level: I II III IV AgNO3 Cautery

Instrument: 10/15 Blade Curette Scissors Nippers Forceps/Tweezers

Tissue Removed: Skin Full tickness Fat Capsule Slough/Eschar/Necrosis

Hypergranulation Fascia/Muscle/Tendon Bone

Hemostasis: EBL cc None Minimal

Pressure Gelfoam Thrombin

Pain: pre- /10 during Tx- /10 post- /10

Anesthesia: Pre-medicated Topical Injection None

Continue Debridement? Yes No Wound Closed

Rationale for Continued Debridement of this wound

Healable: Maintain the wound in the active/acute phase of healing

Clinically, the wound is improving with continuing care, including regular surgical debridements.

The wound is not amenable to self-care or homecare.

Non-healable: Continuing care with palliation goals (see above)

Remove necrotic, non-vital and infected tissue from the wound

Hydration Consider Additional Hydration PO IV