SKIN CARE RECORD - PART I

INSTRUCTIONS: Describe the pressure ulcer/wound using the following criteria and record in PART II of this form.

STAGES:

DTI- Deep Tissue Injury

I - Reddened area
II - Blister or skin break
III - Skin break but exposing underneath tissue
IV - Skin break exposing actual muscle or bone

U - Unstageable

SIZE:

Record size in centimeters. Use pressure ulcer measuring device if you have one.

COLOR:

R - Red **Y** - Yellow **B** - Black

DRAINAGE:

S - Serious (thin to watery)

SS - Serosanguineous (thin to red—a mixture of serum and blood)

P - Purulent (consisting of pus)

ODOR:

N - None **M** - Mlld **S** - Strong

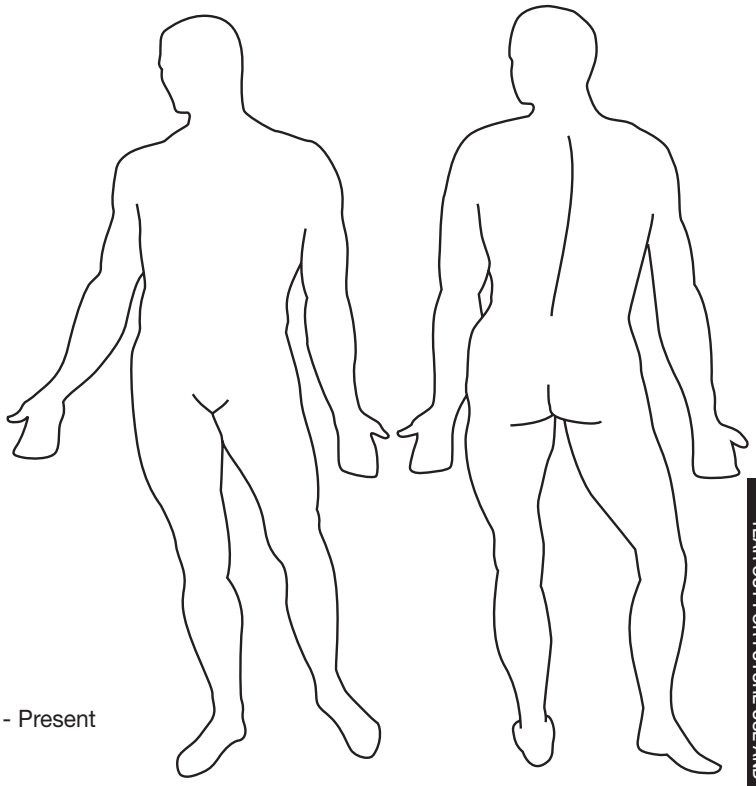
UNDERMINING:

Separation of skin from underlying tissue.
N - None **U** - Unable to determine **P** - Present

INFLAMMATION:

Record number of centimeters surrounding the pressure ulcer/wound.

CIRCLE LOCATIONS OF PRESSURE ULCERS:



Number of ulcers present: _____

TEAR OUT FOR FUTURE USE AND PHOTOCOPY AS NEEDED

SKIN CARE RECORD - PART II

ASSESSMENT FREQUENCY: Daily or as per your facility's protocol.

NAME: _____ **RISK ASSESSMENT SCORE:** _____

DATE	LOCATION	STAGE	SIZE	COLOR	DRAINAGE	ODOR	UNDERMINING	INFLAMMATION

Pressure Ulcers, Prevention and Treatment, Mediscript Communications, 2007. www.mediscript.net