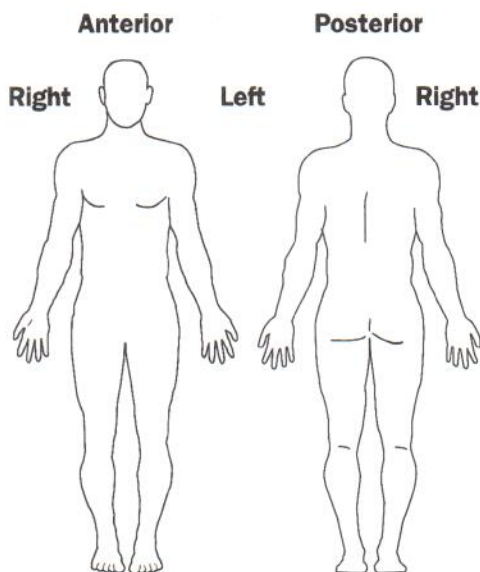
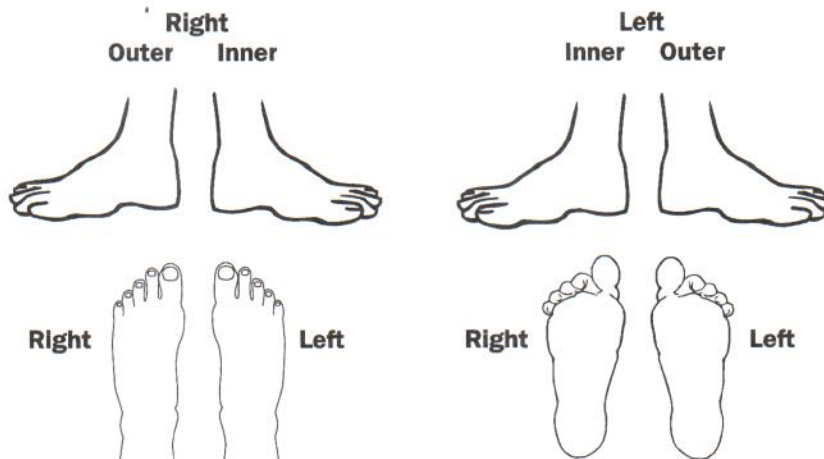


EXCEL HEALTH CARE SERVICES

Date: _____



Patient's Name: _____
Last First



Wound location (locate each wound on diagram)	#1	#2	#3	#4
State Location				
Length (cm)*				
Width (cm)*				
Depth (cm)*				
Stage (see staging guidelines for pressure ulcers)				
Drainage: Color (see codes)				
Odor (see codes)				
Type (see codes)				
Amount (describe)				
Wound bed (see code)				
Skin color surrounding wound (see code)				
Swelling (A=Absent, P=Present)				
Heat (A=Absent, P=Present)				
Pain (Scale 0-10 with 0=No Pain and 10=Most severe)				
Wound care given (describe)				
Wound care provider (S.N., Pt., or C.G.)				
Pressure relieving device				

STAGING GUIDELINES FOR PRESSURE ULCERS

- Stage I Skin is intact. Erythema does not resolve within 30 minutes.
- Stage II Skin is broken with partial thickness loss. Involves the epidermis and dermis. May present as blistering or cyanotic bruise with no necrosis. There may be pain and bleeding.
- Stage III Full thickness loss of skin which involves the epidermis, dermis and may extend through the subcutaneous. It may include necrosis, tunneling or undermining with possible infection. Wound bed is usually not painful.
- Stage IV Deep tissue destruction extending to the muscle and bone. Can present as a deep crater with tunneling and undermining with possible infection. Wound bed is usually not painful.

DRAINAGE

COLOR		ODOR	TYPE	WOUND BED
C = Clear	BL = Black	O = None	B = Bloody	S = Slough
P = Pink	W = White	M = Mild	P = Purulent	E = Eschar
PU = Purple	Y = Yellow	F = Foul	S = Serous	G = Granulating
B = Blue	G = Green			EP = Epithelializing
R = Red	BR = Brown			

Signature/Title