

PATIENT ID:

Wound Assessment: Ulcer Information

Form2

FACILITY NAME: \_\_\_\_\_

DateOfAdmission: 

M	M	/	D	D	/	Y	Y	Y	Y
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RESIDENT ID: 

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<b>Date Ulcer Identified:</b> <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>											<b>Initial Stage:</b> (at time ulcer first identified)  I <input type="radio"/> II <input type="radio"/> III <input type="radio"/> IV <input type="radio"/>  Unstageable <input type="radio"/>	<b>Multiple Ulcers ID Number:</b>  <small>Multiple Ulcer ID: Ulcers will be uniquely identified for reporting. Use this section if you can answer 'yes' to 1 AND 2 below: 1. There are two or more ulcers on the same ulcer location and 2. Multiple ulcers on the same location were identified on the same date, e.g. same onset date.</small> <div style="border: 1px solid orange; width: 50px; height: 30px; margin: 10px auto;"></div>
<b>Condition:</b> New <input type="radio"/> Reopened <input type="radio"/> Occurrence: Admission <input type="radio"/> In-House Acquired <input type="radio"/>												
<b>Site of Ulcer:</b>												

<b>REPORT DATE</b>	<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td> </td><td> </td><td> </td><td> </td></tr></table>					<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td> </td><td> </td><td> </td><td> </td></tr></table>					<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td> </td><td> </td><td> </td><td> </td></tr></table>					<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td> </td><td> </td><td> </td><td> </td></tr></table>					<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td> </td><td> </td><td> </td><td> </td></tr></table>					<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td> </td><td> </td><td> </td><td> </td></tr></table>				
<b>REPORT TYPE</b> Please select the report type: (Initial (I), Followup (F))	<input type="radio"/> I <input type="radio"/> F	<input type="radio"/> I <input type="radio"/> F	<input type="radio"/> I <input type="radio"/> F	<input type="radio"/> I <input type="radio"/> F	<input type="radio"/> I <input type="radio"/> F	<input type="radio"/> I <input type="radio"/> F																								

**ULCER DIMENSIONS:** (Enter ulcer length once; use method used at your facility, clock or longest aspect, and enter in appropriate space)

Length (clock method) cms						
Length (longest aspect of the wound) cms						
Width (perpendicular widest width of ulcer) cms						
Depth cm						

**Wound Edges**

1= Indistinct, diffuse, none clearly visible	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2= Distinct, outline clearly visible, attached, even with wound base	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3= Well-defined, not attached to wound base	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4= Well-defined, not attached to base, rolled under, thickened	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5= Well-defined, fibrotic, scarred, hyperkeratotic	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Undermining**

Undermining Direction (O'clock)						
Undermining Length (cm)						
1= Nonpresent	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2= Undermining < 2 cm in any area	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3= Undermining 2-4 cm involving < 50% wound margins	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4= Undermining 2-4 cm involving > 50% wound margins	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5= Undermining > 4 cm or tunneling in any area	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Tunneling**

Tunneling Direction (O'clock)						
Tunneling Length (cm)						

**Necrotic Tissue Type**

1= None visible	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2= White/gray nonviable tissue &/or nonadherent yellow slough	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3= Loosely adherent yellow slough	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4= Adherent, soft, black eschar	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5= Firmly adherent, hard, black eschar	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Necrotic Tissue Amount**

1= Nonvisible	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2= < 25 % of wound bed covered	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3= 25% - 50% wound covered	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4= >50% and < 75 % of wound covered	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5= 75% - 100% of wound covered	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Enter Necrotic tissue amount (enter % if 1-5 above not used at your facility)						

**Drainage/Exudate Type**

1= None	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2= Bloody	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3= Serosanguineous: thin, watery, pale red/pink	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4= Serous: thin, watery, clear	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5= Purulent: thin or thick, opaque, tan/yellow, without odor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6= Purulent: thin or thick, opaque, tan/yellow, with odor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>





