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ALTERATION IN SKIN INTEGRITY REPORT

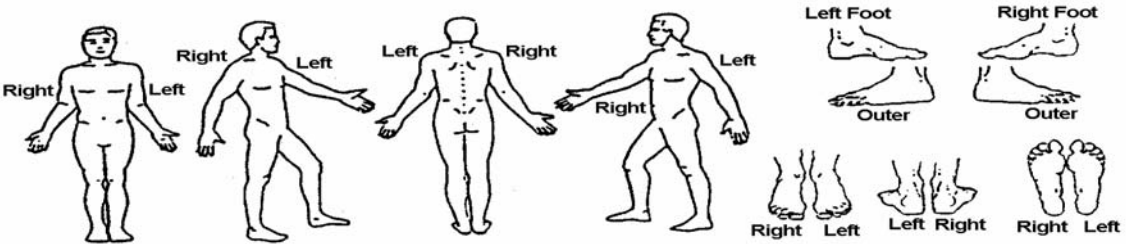
PATIENT IDENTIFICATION

REPORT DATE:	TIME:	ADMITTING DIAGNOSIS:
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TYPE OF WOUND: <input type="checkbox"/> PRESSURE ULCER <input type="checkbox"/> ABRASION <input type="checkbox"/> SKIN TEAR <input type="checkbox"/> BLISTERS <input type="checkbox"/> OTHER: _____	NOTIFICATIONS: <input type="checkbox"/> PHYSICIAN: _____ <input type="checkbox"/> NURSE MGR: _____ <input type="checkbox"/> WOCN: _____
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WOUND NOTED: <input type="checkbox"/> ON ADMISSION <input type="checkbox"/> DURING HOSPITALIZATION <input type="checkbox"/> N H <input type="checkbox"/> HOME	BRADEN SCALE SCORE: SCORE: _____
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WOUND LOCATIONS: Circle area & number each wound



SUMMARY OF FACTS:

*** STAGE ONLY IF PRESSURE ULCER**

PRESSURE ULCER STAGING:		PRESSURE ULCER STAGES:																										
<table border="0"> <tr> <th>WOUND #</th> <th>STAGE</th> <th>WOUND #</th> <th>STAGE</th> </tr> <tr> <td>1.</td> <td>_____</td> <td>5.</td> <td>_____</td> </tr> <tr> <td>2.</td> <td>_____</td> <td>6.</td> <td>_____</td> </tr> <tr> <td>3.</td> <td>_____</td> <td>7.</td> <td>_____</td> </tr> <tr> <td>4.</td> <td>_____</td> <td>8.</td> <td>_____</td> </tr> </table>	WOUND #	STAGE	WOUND #	STAGE	1.	_____	5.	_____	2.	_____	6.	_____	3.	_____	7.	_____	4.	_____	8.	_____	<table border="0"> <tr> <td>I = Non-Blanchable Erythema; Intact Skin</td> </tr> <tr> <td>II = Skin Loss through Epidermis</td> </tr> <tr> <td>III = Skin Loss through Subcutaneous Fat</td> </tr> <tr> <td>IV = Skin Loss through Muscle / Bone</td> </tr> <tr> <td>E = Eschar (unstagable)</td> </tr> </table>		I = Non-Blanchable Erythema; Intact Skin	II = Skin Loss through Epidermis	III = Skin Loss through Subcutaneous Fat	IV = Skin Loss through Muscle / Bone	E = Eschar (unstagable)	
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Treatment Order Obtained: <input type="checkbox"/> YES <input type="checkbox"/> NO	Skin Care Consult Ordered: <input type="checkbox"/> YES <input type="checkbox"/> NO
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Dietary Consult Ordered: <input type="checkbox"/> YES <input type="checkbox"/> NO	Pressure Ulcer Standard Initiated: <input type="checkbox"/> YES <input type="checkbox"/> NO
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TREATMENT ORDERED:

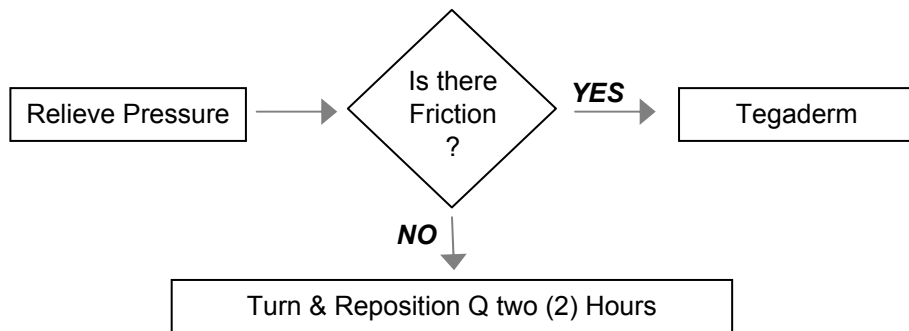
INITIATING NURSE (Signature / Title)	UNIT:	DATE:	TIME:
COMPLETED BY (Signature / Title)	UNIT:	DATE:	TIME:
REVIEWED BY (Signature / Title)	DATE:		

Rush Report within 24 Hrs to WOCN **WHITE Copy** = WOCN **YELLOW Copy** = 1st to NURSE MGR / Then to RISK MANAGEMENT

NOT A PERMANENT PART OF THE RECORD - NOT TO BE COPIED OR RELEASED - CONFIDENTIAL

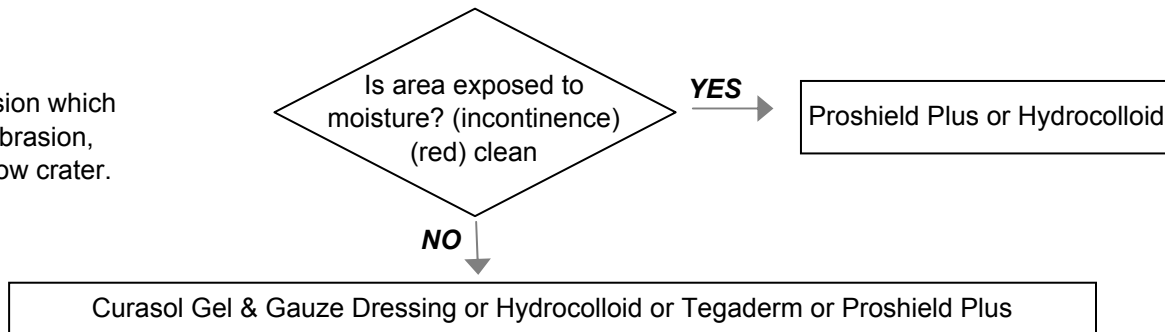
STAGE I:

Skin is intact. Color may be reddened and may display blue / purple hues. May also include changes in temperature, tissue consistency and / or sensation.



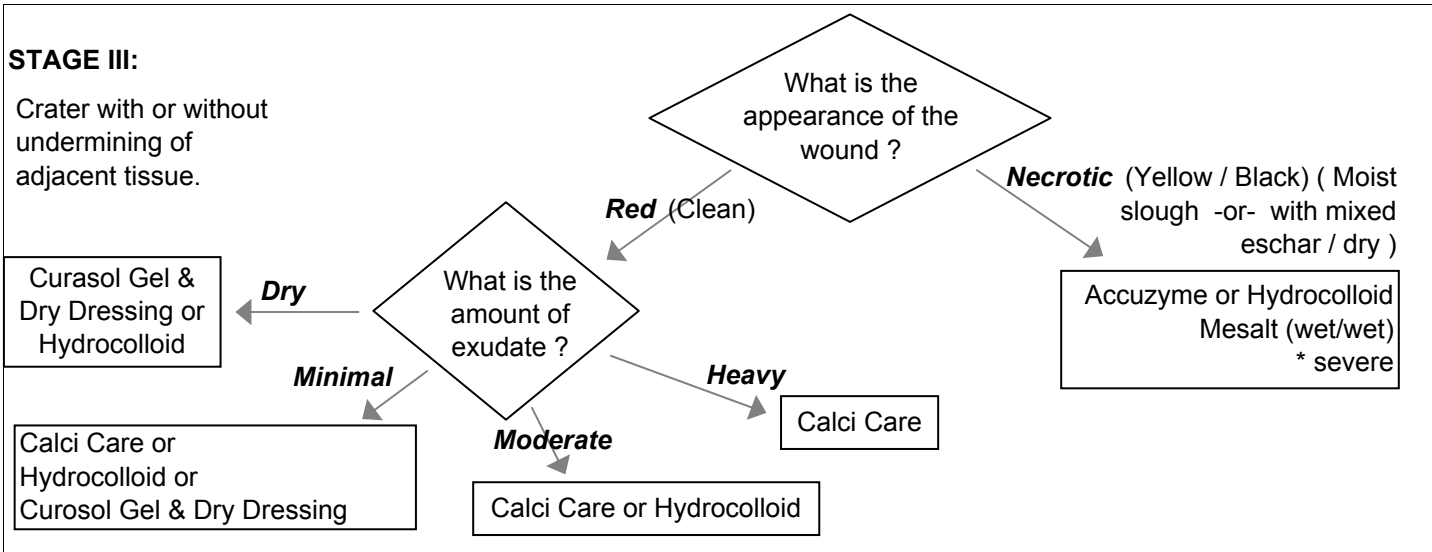
STAGE II:

Superficial Lesion which looks like an abrasion, blister or shallow crater.



STAGE III:

Crater with or without undermining of adjacent tissue.



STAGE IV:

Crater that extends to muscle or bone.

