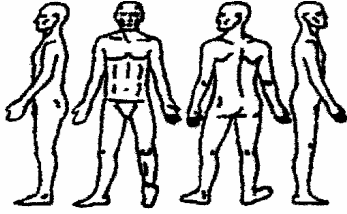


Your
Hospital's
Logo
Here

PRESSURE ULCER PROGRESS CHART

PATIENT IDENTIFICATION



LOCATION

ONE (1) _____
TWO (2) _____
THREE (3) _____



DATE:														
ONE (1)	1	Diameter	CMS											
		Depth	CMS											
	2	Stage	(see key)											
	3	Color	(see key)											
	4	Drainage	(yes/no)											
		Type	(see key)											
		Amount												
		Foul Odor	(yes/no)											
	5	Condition of Surrounding Tissue												
		Color (Refer to Color Chart)												
		Swelling	(yes/no)											
		Hot to Touch	(yes/no)											
		Evaluated By												
	TWO (2)	DATE:												
1		Diameter	CMS											
		Depth	CMS											
2		Stage	(see key)											
3		Color	(see key)											
4		Drainage	(yes/no)											
		Type	(see key)											
		Amount												
		Foul Odor	(yes/no)											
5		Condition of Surrounding Tissue												
		Color (Refer to Color Chart)												
		Swelling	(yes/no)											
		Hot to Touch	(yes/no)											
		Evaluated By												
THREE (3)	DATE:													
	1	Diameter	CMS											
		Depth	CMS											
	2	Stage	(see key)											
	3	Color	(see key)											
	4	Drainage	(yes/no)											
		Type	(see key)											
		Amount												
		Foul Odor	(yes/no)											
	5	Condition of Surrounding Tissue												
		Color (Refer to Color Chart)												
		Swelling	(yes/no)											
		Hot to Touch	(yes/no)											
		Evaluated By												
INITIAL	SIGNATURE / TITLE	INITIAL	SIGNATURE / TITLE	INITIAL	SIGNATURE / TITLE									

PART OF THE MEDICAL RECORD