

Your
Hospital's
Logo
Here

WEEKLY SKIN SHEET

PATIENT IDENTIFICATION

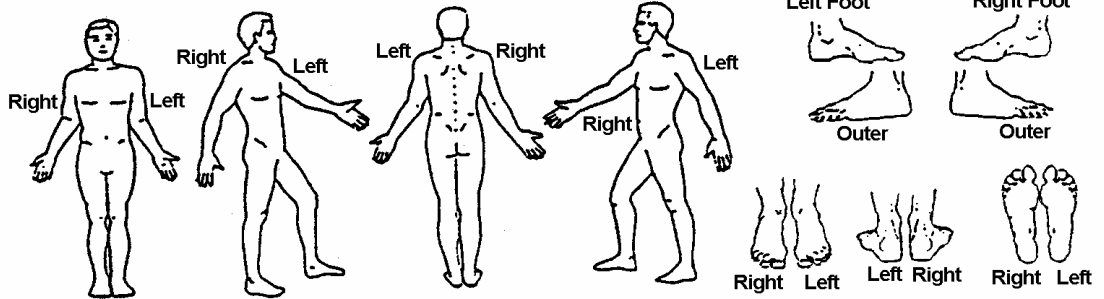
DATE OBSERVED:	DATE HEALED:	IN HOUSE DEVELOPMENT: <input type="checkbox"/> YES <input type="checkbox"/> NO
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TYPE OF WOUND:

<input type="checkbox"/> PRESSURE ULCER	<input type="checkbox"/> SKIN TEAR	<input type="checkbox"/> BLISTER	<input type="checkbox"/> BURN	<input type="checkbox"/> STASIS ULCER
<input type="checkbox"/> ABRASION	<input type="checkbox"/> BRUISE	<input type="checkbox"/> CUT	<input type="checkbox"/> OTHER _____	

WOUND REOPENED

DATE _____



STAGE

- I = Reddened, purple / blue, darkened (intact skin)
- II = Blister, skin break
- III = Skin break exposing subcutaneous tissue
- IV = Skin break exposing muscle and / or bone

APPEARANCE

- P = Pink / Clean
- S = Slough
- E = Eschar

DRAINAGE

- O = None
- S = Serous
- SG = Sero-sanguineous
- P = Purulent

ODOR

- O = None
- M = Mild
- F = Foul

PERI-WOUND TISSUE

- WNL = Within Normal Limits
- R = Reddened
- D = Darkened
- M = Macerated

NOTE: SIZE IS DOCUMENTED ON ADMISSION & EVERY 7 DAYS (TUESDAYS)

LOCATION:		For FOOT WOUNDS, check for: _____ PEDAL PULSES: _____	
STAGE:	SIZE Length:	SIZE Width:	SIZE Depth:

UNDERMINING: _____ cm @ _____ o'clock _____ cm @ _____ o'clock _____ cm @ _____ o'clock

GRANULATION / APPEARANCE / HEALING: _____

AMOUNT / TYPE / DRAINAGE:	ODOR:
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TREATMENT PLAN: _____

NURSE'S SIGNATURE / TITLE:	DATE:
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RN'S SIGNATURE / TITLE:	BRADEN SCALE SCORE:
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LOCATION:		For FOOT WOUNDS, check for: _____ PEDAL PULSES: _____	
STAGE:	SIZE Length:	SIZE Width:	SIZE Depth:

UNDERMINING: _____ cm @ _____ o'clock _____ cm @ _____ o'clock _____ cm @ _____ o'clock

GRANULATION / APPEARANCE / HEALING: _____

AMOUNT / TYPE / DRAINAGE:	ODOR:
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TREATMENT PLAN: _____

NURSE'S SIGNATURE / TITLE:	DATE:
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RN'S SIGNATURE / TITLE:	BRADEN SCALE SCORE:
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WOUND REOPENED DATE:	ROOM #:	PAGE:
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LOCATION:		For FOOT WOUNDS, check for: _____	
		PEDAL PULSES: _____	
STAGE:	SIZE Length:	SIZE Width:	SIZE Depth:
UNDERMINING: _____ cm @ _____ o'clock _____ cm @ _____ o'clock _____ cm @ _____ o'clock			
GRANULATION / APPEARANCE / HEALING:			
AMOUNT / TYPE / DRAINAGE:		ODOR:	
TREATMENT PLAN:			
NURSE'S SIGNATURE / TITLE:		DATE:	
RN'S SIGNATURE / TITLE:		BRADEN SCALE SCORE:	

LOCATION:		For FOOT WOUNDS, check for: _____	
		PEDAL PULSES: _____	
STAGE:	SIZE Length:	SIZE Width:	SIZE Depth:
UNDERMINING: _____ cm @ _____ o'clock _____ cm @ _____ o'clock _____ cm @ _____ o'clock			
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LOCATION:		For FOOT WOUNDS, check for: _____	
		PEDAL PULSES: _____	
STAGE:	SIZE Length:	SIZE Width:	SIZE Depth:
UNDERMINING: _____ cm @ _____ o'clock _____ cm @ _____ o'clock _____ cm @ _____ o'clock			
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AMOUNT / TYPE / DRAINAGE:		ODOR:	
TREATMENT PLAN:			
NURSE'S SIGNATURE / TITLE:		DATE:	
RN'S SIGNATURE / TITLE:		BRADEN SCALE SCORE:	