

Health Tracking-Skin/Wound Assessment

Section 1 - General Information

Individual Name:* _____
Program Name:* _____
Entered By: _____
Reported By:* _____

Entry Date & Time: _____
Time zone: _____
Date:* _____
Notification Level: Low Medium High

Section 2 – Skin/Wound Assessment Information

Event Time: _____ am / pm Body Part(s): _____
Photo: Attached Photo Date: _____

Wound Type: Abrasion Bruises Decubitus Dermal ulcer Hematoma Laceration Perineal irritation Skin tear
 Pressure sore Rash Surgical Incision None If Other: _____

Wound Stage: Nonblanchable erythema Blister with skin break Damage to Subcutaneous Redness, hard of hot
 Damage to muscle, tendon, bone Healed Shiny or darken area If Other: _____

Wound Size: Length (cm): _____ Width (cm): _____ Depth (cm): _____

Wound Base Color: Beige Black Pink Red Yellow If Other: _____

Surrounding Skin: Intact Non Intact

Skin Tone: Hard Normal Soft Swollen

Wound Infection

Wound Infection: Yes No

Link to Infection Tracking *(If 'Yes' then you can add to Infection Tracking form in the Therap System)*

Drainage Colour: Bloody Purulent Purulent-Pus Serosanguineous-Serum & Blood Serous Serous-Watery
 Sersanguineous

Amount Odor : None Scant Small Moderate Large Foul None

Treatment/Dressing: Aquacel Dry Dressing Gel Hydrocolloid Normal saline If Other: _____

Comments: _____

SIGNATURE.....NAME.....DATE.....TIME.....am/pm

Note:- Required fields are marked with an asterisk (*)