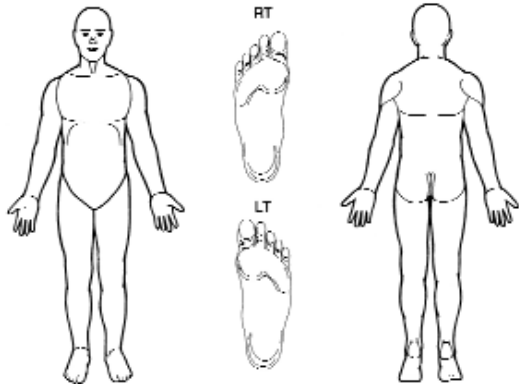


SKIN

WOUND #1 <input type="checkbox"/> N/A	WOUND #2 <input type="checkbox"/> N/A
Location:	Location:
Size:	Size:
Odor:	Odor:
Color:	Color:
Drainage Color:	Drainage Color:
Drainage Consistency:	Drainage Consistency:
Inflammation Present: Yes No	Inflammation Present: Yes No
Undermining of Wound Edges:	Undermining of Wound Edges:

BRADEN SCALE (For Score <16 Skin Breakdown Precautions Implemented)

	1	2	3	4	Score
SENSORY PERCEPTION	Completely Limited	Very Limited	Slightly Limited	No Impairment	
ACTIVITY	Bedfast	Chairfast	Walks Occasionally	Walks Frequently	
MOBILITY	Completely Immobile	Very Limited	Slightly Limited	No Limitation	
NUTRITION	Very Poor	Probably Inadequate	Adequate	Excellent	
MOISTURE	Constantly Moist	Moist	Occasionally Moist	Rarely Moist	
FRICTION & SHEAR	Problem	Potential Problem	—	No Apparent Problem	
				TOTAL →	



DRAW AND LABEL AS FOLLOWS:

- A** =Abrasion*
- B** =Burn*
- C** =Contusion or Bruise (SS)*
- E** =Erythema / Rash*
- L** =Laceration*
- W** =Wound*
- S** =Scar*
- I** =Incision*

COLOR:

- Pink
- Jaundiced
- Pale
- Mottled
- Flushed
- Cyanotic

TEMP:

- Hot
- Warm
- Cold

TURGOR:

- Elastic
- Decreased
- Tenting

I. =Reddened*

II. =Skin Breakdown*

III. =Subcutaneous Destruction*

IV. =Muscle / Bone Destruction*

TEXTURE:

- Smooth
- Scaly
- Other

Any of the Above Indicates Implementation of Skin Breakdown Precautions

Comments: _____

WOUND CARE NURSE NOTIFIED: YES NO

SKIN INTACT

ADDENDUM

RN SIGN / DATE _____

MUSCULOSKELETAL *Rehab Referral

MUSCLE STRENGTH

	LL	RL	LA	RA
Equal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Strong	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
*Weak	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
*Paralysis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
*Spastic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
*Contracture	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
*Flaccid	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
*Amputated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
*Rehabilitation Notified	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>