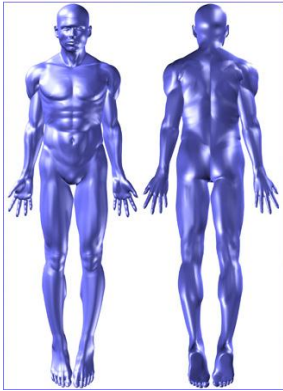


Pixalere Wound Assessment Worksheet		
Date	Name	PixID#
One wound per worksheet	Etiology:	Goal of Care: <input type="checkbox"/> Heal <input type="checkbox"/> Maintain <input type="checkbox"/> Monitor/Manage
Assessment Type	<input type="checkbox"/> Full Assessment <input type="checkbox"/> Partial Assessment	<input type="checkbox"/> Phone Visit <input type="checkbox"/> Not Assessed
*Mark wound is located as "A", "B", etc	Recurrent <input type="checkbox"/> Yes <input type="checkbox"/> No	Pain Scale 0-10
	Dimensions Length (cm): Width (cm): Depth (cm):	Pain Comments
	Undermining (Use clock face as reference) Site #1: Depth: Site #2: Depth:	
	Sinus Tract (Use clock face as reference) Site #1: Depth: Site #2: Depth:	
	Fistula	
Wound Bed Total % must = 100%	<input type="checkbox"/> Superficial Pink, Red	%
	<input type="checkbox"/> Granulation Tissue	%
	<input type="checkbox"/> Non-Granulation Tissue	%
	<input type="checkbox"/> Slough	%
	<input type="checkbox"/> Eschar – dry, hard	%
	<input type="checkbox"/> Eschar – soft, boggy	%
	<input type="checkbox"/> Friable	%
	<input type="checkbox"/> Hypergranulation	%
	<input type="checkbox"/> Blister	%
	<input type="checkbox"/> Bone	%
	<input type="checkbox"/> Foreign Body	%
	<input type="checkbox"/> Other:	%
	<input type="checkbox"/> Not Assessed	
Exudate	<input type="checkbox"/> Nil <input type="checkbox"/> Serous <input type="checkbox"/> Sanguineous <input type="checkbox"/> Purulent <input type="checkbox"/> Other <input type="checkbox"/> Not Assessed	
Exudate Amount	<input type="checkbox"/> None <input type="checkbox"/> Scant <input type="checkbox"/> Small <input type="checkbox"/> Moderate <input type="checkbox"/> Large/Copious <input type="checkbox"/> Not Assessed	
Odour (After wound cleansing)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Wound Edge	<input type="checkbox"/> Attached <input type="checkbox"/> Not Attached <input type="checkbox"/> Diffuse <input type="checkbox"/> Demarcated <input type="checkbox"/> Not Assessed <input type="checkbox"/> Epithelializing <input type="checkbox"/> Rolled <input type="checkbox"/> Callused <input type="checkbox"/> Hypergranulation <input type="checkbox"/> Scarred <input type="checkbox"/> Not Assessed	
Peri-Wound Skin	<input type="checkbox"/> Intact <input type="checkbox"/> Dry <input type="checkbox"/> Rash <input type="checkbox"/> Macerated <input type="checkbox"/> Fragile <input type="checkbox"/> Excoriated/Denuded <input type="checkbox"/> Weepy <input type="checkbox"/> Boggy <input type="checkbox"/> Edema <input type="checkbox"/> Blister <input type="checkbox"/> Tape Tear <input type="checkbox"/> Bruised <input type="checkbox"/> Callused <input type="checkbox"/> Indurated <2cm <input type="checkbox"/> Indurated 2cm or > <input type="checkbox"/> Increased Warmth <input type="checkbox"/> Erythema <2cm <input type="checkbox"/> Erythema 2cm or > <input type="checkbox"/> Not Assessed	
Treatment and Treatment Comments		
Care Plan Revisions		
Frequency of Change/Next Visit		
Progress Note (PN)		
Referral to WCC:	<input type="checkbox"/> No <input type="checkbox"/> Yes (Urgent) <input type="checkbox"/> Yes (Clinical Review)	
Signature/Designation		