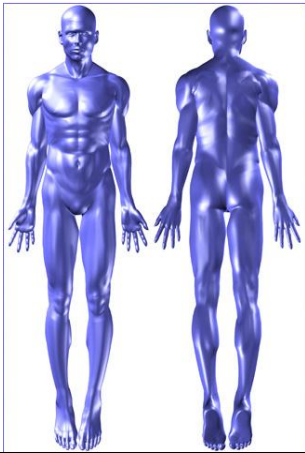


Pixalere Incision Assessment Worksheet		
<b>Date</b>	<b>Name</b>	<b>PixID#</b>
<b>** one incision per worksheet**</b>	<b>Etiology</b>	<b>Goal of Care</b> <input type="checkbox"/> To Heal
<b>Assessment Type</b>	<input type="checkbox"/> Full Assessment <input type="checkbox"/> Partial Assessment <input type="checkbox"/> Phone Visit <input type="checkbox"/> Not Assessed	
*Mark incision location as a "1", "2", etc. 	<b>Post-Op Management:</b> <input type="checkbox"/> Not Applicable <input type="checkbox"/> Afebrile <input type="checkbox"/> Lungs Clear <input type="checkbox"/> No Calf Pain <input type="checkbox"/> Drinking Well <input type="checkbox"/> Eating Well <input type="checkbox"/> Bowels Moving <input type="checkbox"/> Voiding Well <input type="checkbox"/> Not Assessed <input type="checkbox"/> Concerns Noted: See Progress Notes	<b>Surgical Procedure</b>  <b>Date of Surgery</b>  <b>Surgeon</b>
<b>Pain</b>	Scale of 0-10	Pain Comments
<b>Incision Status</b>	<input type="checkbox"/> Fully Epithelialized <input type="checkbox"/> Approximated <input type="checkbox"/> Tenuous <input type="checkbox"/> Not Assessed <input type="checkbox"/> Gaping* (if gaping, please fill out Wound Assessment Flowchart)	
<b>Closure Method(s) Insitu</b>	<input type="checkbox"/> Not Applicable <input type="checkbox"/> Sutures <input type="checkbox"/> Staples <input type="checkbox"/> Retention Sutures <input type="checkbox"/> Steri- Strips <input type="checkbox"/> Surgiclue <input type="checkbox"/> Not Assessed	
<b>Exudate</b>	<input type="checkbox"/> Not Applicable <input type="checkbox"/> Serous <input type="checkbox"/> Sanguineous <input type="checkbox"/> Purulent <input type="checkbox"/> Other <input type="checkbox"/> Not Assessed	
<b>Exudate Amount</b>	<input type="checkbox"/> None <input type="checkbox"/> Scant <input type="checkbox"/> Small <input type="checkbox"/> Moderate <input type="checkbox"/> Large <input type="checkbox"/> Not Assessed	
<b>Peri-Incisional Skin</b>	<input type="checkbox"/> Intact <input type="checkbox"/> Edematous <input type="checkbox"/> Blisters <input type="checkbox"/> Rash <input type="checkbox"/> Bruised <input type="checkbox"/> Not Assessed <input type="checkbox"/> Erythema <2cm <input type="checkbox"/> Erythema 2cm or > <input type="checkbox"/> Indurated <2cm <input type="checkbox"/> Indurated 2cm or > <input type="checkbox"/> Increased Warmth	
<b>Treatment and Treatment Comments</b>		
<b>Care Plan Revisions</b>		
<b>Frequency of Change/Next Visit</b>		
<b>Progress Note (PN)</b>		
<b>Referral to WCC:</b>	<input type="checkbox"/> No <input type="checkbox"/> Yes (Urgent) <input type="checkbox"/> Yes (Clinical Review)	
<b>Signature/Designation</b>		