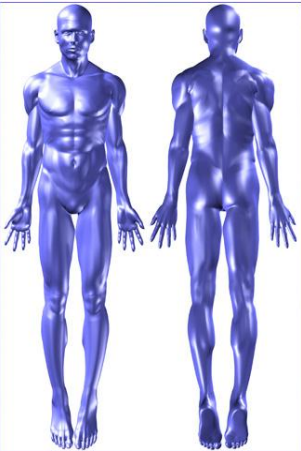


## Pixalere Tube/Drain Assessment Worksheet

Date	Name	PixID#
<b>*one tube/drain per worksheet*</b>	<b>Etiology:</b>	<b>Goal of Care:</b> <input type="checkbox"/> Permanent <input type="checkbox"/> Temporary <input type="checkbox"/> To Be Determined
<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 where drain is located as a "1", "2", etc.  	<b>Type of Drain</b>	<b>Surgery</b>
	<b>Tube/Drain Changed</b> <input type="checkbox"/> Yes Date: _____ Changed By: _____  <input type="checkbox"/> Not Applicable	<b>Date of Surgery</b>
	<b>Tube/Drain Sutured</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable	<b>Surgeon</b>
<b>Pain</b>	Scale of 0-10:	Pain Comments:
<b>Drainage Amount</b>	_____ ml in _____ hours or time from _____ to _____	
<b>Drainage Characteristics</b>	<input type="checkbox"/> Clear <input type="checkbox"/> Cloudy <input type="checkbox"/> Mucousy <input type="checkbox"/> Bile <input type="checkbox"/> Odourous <input type="checkbox"/> Other: <input type="checkbox"/> Serous <input type="checkbox"/> Sanguineous <input type="checkbox"/> Yellow <input type="checkbox"/> Green <input type="checkbox"/> Purulent <input type="checkbox"/> Not Applicable	
<b>Tube/Drain Site</b>	<input type="checkbox"/> Intact <input type="checkbox"/> Eroded <input type="checkbox"/> Hypergranulated	
<b>Peri-Tube/Drain Site</b>	<input type="checkbox"/> Intact <input type="checkbox"/> Fragile <input type="checkbox"/> Macerated <input type="checkbox"/> Excoriated <input type="checkbox"/> Rash <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>		