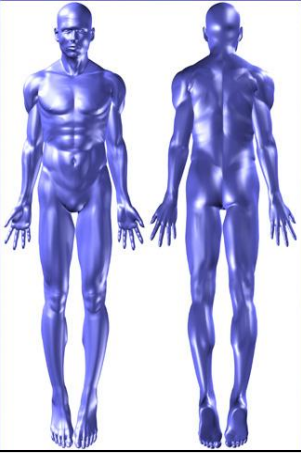


## Pixalere Incision Assessment Worksheet

<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													
<p><small>*Mark incision location as a "1", "2", etc.</small></p> <div style="text-align: center;">  </div>	<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>  <hr/> <b>Date of Surgery</b>  <hr/> <b>Surgeon</b>												
<b>Pain</b>	Scale of 0-10	Pain Comments												
<b>Incision Status</b>	<input type="checkbox"/> Approximated <input type="checkbox"/> Fully epithelialized <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"/> Surgigluue <input type="checkbox"/> Not Assessed													
<b>Exudate</b>	<input type="checkbox"/> Nil <input type="checkbox"/> Serous <input type="checkbox"/> Sanguineous <input type="checkbox"/> Other <input type="checkbox"/> Purulent <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>	<table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Intact</td> <td><input type="checkbox"/> Edematous</td> </tr> <tr> <td><input type="checkbox"/> Rash</td> <td><input type="checkbox"/> Blisters</td> </tr> <tr> <td><input type="checkbox"/> Bruised</td> <td><input type="checkbox"/> Increased warmth</td> </tr> <tr> <td><input type="checkbox"/> Indurated &lt;2cm</td> <td><input type="checkbox"/> Indurated 2cm or &gt;</td> </tr> <tr> <td><input type="checkbox"/> Erythema &lt;2cm</td> <td><input type="checkbox"/> Erythema 2cm or &gt;</td> </tr> <tr> <td><input type="checkbox"/> Not Assessed</td> <td></td> </tr> </table>		<input type="checkbox"/> Intact	<input type="checkbox"/> Edematous	<input type="checkbox"/> Rash	<input type="checkbox"/> Blisters	<input type="checkbox"/> Bruised	<input type="checkbox"/> Increased warmth	<input type="checkbox"/> Indurated <2cm	<input type="checkbox"/> Indurated 2cm or >	<input type="checkbox"/> Erythema <2cm	<input type="checkbox"/> Erythema 2cm or >	<input type="checkbox"/> Not Assessed	
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<input type="checkbox"/> Erythema <2cm	<input type="checkbox"/> Erythema 2cm or >													
<input type="checkbox"/> Not Assessed														
<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>														