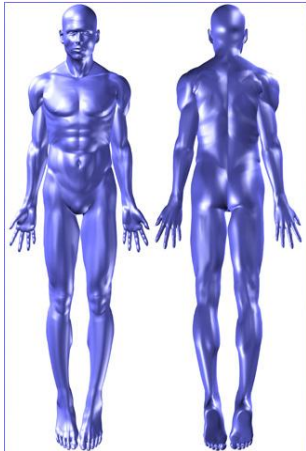


Pixalere Tube/Drain Assessment Worksheet

Date	Name	PixID#
one tube/drain per worksheet	Etiology:	Goal of Care: <input type="checkbox"/> Permanent <input type="checkbox"/> Temporary <input type="checkbox"/> To Be Determined
Assessment Type	<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. 	Type of Drain	Surgery
	Tube/Drain Changed <input type="checkbox"/> Yes Date: Changed By: <input type="checkbox"/> Not Applicable	Date of Surgery
	Tube/Drain Sutured <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable	Surgeon
Pain	Scale of 0-10:	Pain Comments:
Measurements	Feeding Tube Length (cm.mm): _____ (Long Tube Only)	
Drainage Amount	_____ ml in _____ hours or time from _____ to _____	
Drainage Characteristics	<input type="checkbox"/> Not Applicable <input type="checkbox"/> Serous <input type="checkbox"/> Clear <input type="checkbox"/> Sanguineous <input type="checkbox"/> Cloudy <input type="checkbox"/> Purulent <input type="checkbox"/> Bile <input type="checkbox"/> Yellow <input type="checkbox"/> Odourous <input type="checkbox"/> Green <input type="checkbox"/> Mucousy <input type="checkbox"/> Not Assessed	
Tube/Drain Site	<input type="checkbox"/> Intact <input type="checkbox"/> Eroded <input type="checkbox"/> Hypergranulated <input type="checkbox"/> Not Assessed	
Peri-Tube/Drain Site	<input type="checkbox"/> Intact <input type="checkbox"/> Excoriated <input type="checkbox"/> Fragile <input type="checkbox"/> Rash <input type="checkbox"/> Macerated <input type="checkbox"/> Increased warmth <input type="checkbox"/> Excoriated <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	
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		