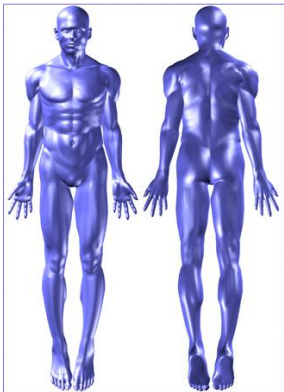


Pixalere Wound Assessment Worksheet

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	
<p>*Mark wound is located as "A", "B", etc</p> 	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"/> Non-granulation tissue		%
<input type="checkbox"/> Granulation tissue		%
<input type="checkbox"/> Slough		%
<input type="checkbox"/> Eschar – dry, stable		%
<input type="checkbox"/> Eschar – soft, boggy		%
<input type="checkbox"/> Bone		%
<input type="checkbox"/> Tendon		%
<input type="checkbox"/> Foreign body		%
<input type="checkbox"/> Not visible		%
<input type="checkbox"/> No open wound		%
<input type="checkbox"/> Fully epithelialized		%
<input type="checkbox"/> Fully callused		%
<input type="checkbox"/> Hematoma		%
<input type="checkbox"/> Epithelial islands		%
<input type="checkbox"/> Blister		%
<input type="checkbox"/> Weepy skin		%
<input type="checkbox"/> Scab		%
<input type="checkbox"/> Visible graft		%
<input type="checkbox"/> Friable		%
<input type="checkbox"/> Malignant tissue	%	
<input type="checkbox"/> Fungating tissue	%	
<input type="checkbox"/> Hypergranulation tissue	%	
<input type="checkbox"/> New tissue damage	%	
<input type="checkbox"/> Underlying tissue structure(s)	%	
<input type="checkbox"/> Biochemical wound product	%	
<input type="checkbox"/> Not Assessed	%	

Pixalere Wound Assessment Worksheet con't

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 <input type="checkbox"/> Not Assessed																				
Wound Edge	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;"><input type="checkbox"/> Diffuse</td> <td style="width: 50%; border: none;"><input type="checkbox"/> Hypergranulation</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Demarcated</td> <td style="border: none;"><input type="checkbox"/> Callused</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Attached</td> <td style="border: none;"><input type="checkbox"/> Scarred</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Not attached</td> <td style="border: none;"><input type="checkbox"/> Not applicable</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Epithelializing</td> <td style="border: none;"><input type="checkbox"/> Not assessed</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Rolled</td> <td></td> </tr> </table>	<input type="checkbox"/> Diffuse	<input type="checkbox"/> Hypergranulation	<input type="checkbox"/> Demarcated	<input type="checkbox"/> Callused	<input type="checkbox"/> Attached	<input type="checkbox"/> Scarred	<input type="checkbox"/> Not attached	<input type="checkbox"/> Not applicable	<input type="checkbox"/> Epithelializing	<input type="checkbox"/> Not assessed	<input type="checkbox"/> Rolled									
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Peri-Wound Skin	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;"><input type="checkbox"/> Intact</td> <td style="width: 50%; border: none;"><input type="checkbox"/> Rash</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Dry</td> <td style="border: none;"><input type="checkbox"/> Blister</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Fragile</td> <td style="border: none;"><input type="checkbox"/> Bruised</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Macerated</td> <td style="border: none;"><input type="checkbox"/> Edema</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Excoriated/denuded</td> <td style="border: none;"><input type="checkbox"/> Boggy</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Weepy</td> <td style="border: none;"><input type="checkbox"/> Callused</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Tape tear</td> <td style="border: none;"><input type="checkbox"/> Increased warmth</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Indurated <2cm</td> <td style="border: none;"><input type="checkbox"/> Indurated 2cm or ></td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Erythema <2cm</td> <td style="border: none;"><input type="checkbox"/> Erythema 2cm or ></td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Not Assessed</td> <td></td> </tr> </table>	<input type="checkbox"/> Intact	<input type="checkbox"/> Rash	<input type="checkbox"/> Dry	<input type="checkbox"/> Blister	<input type="checkbox"/> Fragile	<input type="checkbox"/> Bruised	<input type="checkbox"/> Macerated	<input type="checkbox"/> Edema	<input type="checkbox"/> Excoriated/denuded	<input type="checkbox"/> Boggy	<input type="checkbox"/> Weepy	<input type="checkbox"/> Callused	<input type="checkbox"/> Tape tear	<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"/> 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																					