PROHEALTH ONE

# Wound Tracker Form (v7.5)

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**Skilled** **Longterm** **Hospice**

**DX:** _____

_____ | _____ | _____ | _____

**Patient Name** | **Facility** | **Date of Birth** | **Date of Service**

**HPI:** _____

**Vitals:**
- Height (in):
- Weight (lbs):
- Temperature:
- Pulse (bpm):
- Respiratory rate:
- Blood pressure:

**Healing Delayed By:**
- ☐ Contractures
- ☐ Dementia
- ☐ Diabetes
- ☐ Impaired mobility
- ☐ Incontinence
- ☐ Aging
- ☐ Local infection
- ☐ Malnutrition
- ☐ Medications
- ☐ Non-compliant
- ☐ Vascular
- ☐ Current smoker
- ☐ _____

**Preventative Measures:**
- ☐ APM or LAL mattress
- ☐ Offloading heels
- ☐ Wheelchair cushion
- ☐ Nutritional supplements
- ☐ Catheter
- ☐ Education

**Falls In Last 12 Months:**
Number: _____
- ☐ With injury
- ☐ Plan of care in place

**Aids:**
- ☐ Wheelchair
- ☐ Walker ☐ Cane

**Diabetes: Y / N**
- ☐ Insulin
- ☐ Oral Hypoglycemic

Blood sugar: _____

Sensation to BLE: Y / N

☐ Shoe size: _____

HbA1c: _____%

Date: ____ / ____ / _____

**Fluvax Admin Date:**

_____ / _____ / _____

**Procedures:**
- ☐ PT/OT eval and treat for: _____
- ☐ Nicotine Counseling
- ☐ Diabetes Education
- ☐ Labs reviewed
- ☐ Radiology reviewed

Discussed patient with:
☐ Therapy ☐ Provider
☐ Family ☐ Dietician
☒ Nurse ☐ _____

_____ Mins. with pt., chart review, coordinating care.

**HEENT:**
Hard of hearing: Y / N
Dentures: Y / N
Nares patient: Y / N
Mucous membranes: WNL / ABN

**Cardiovascular:**
Radial Pulse: ___ +RLE ___ +LLE
Dorsalis pedis: ___ +RLE ___ +LLE
Edema: Y / N
Location: _____

**Musculoskeletal:**
Decreased strength: RUE LUE RLE LLE
Decreased ROM: RUE LUE RLE LLE
Contractures: Y / N
Location: RUE LUE RLE LLE

**Neuro:**
EOM Intact: Y / N
Sensation intact to:
RUE LUE RLE LLE
Facial drooping: Y / N

**Respiratory:**
Trachea Midline: Y / N
Lung Sounds: Clear
Other: _____

**Abdomen:**
S/NT/ND: Y / N
Obese: Y / N
Hernia: Y / N
Bowel Sounds: Y / N

**Lymphadenopathy:**
Axilla: Y / N
Neck: Y / N
Groin: Y / N
Other: _____

**Orientation:**
A&O x _____
Judgement: Good / Poor
Compliant: Y / N

| **Wound Location #1:** | **Wound Location #2:** | **Wound Location #3:** | **Wound Location #4:** |
|---|---|---|---|
| Etiology: | Etiology: | Etiology: | Etiology: |
| Dimensions: | Dimensions: | Dimensions: | Dimensions: |
| (Prior Dimensions): | (Prior Dimensions): | (Prior Dimensions): | (Prior Dimensions): |
| %: Gran / Slough / Eschar / Epith | %: Gran / Slough / Eschar / Epith | %: Gran / Slough / Eschar / Epith | %: Gran / Slough / Eschar / Epith |
| Tunneling/Undermining at: | Tunneling/Undermining at: | Tunneling/Undermining at: | Tunneling/Undermining at: |
| Drainage: | Drainage: | Drainage: | Drainage: |
| Periwound: | Periwound: | Periwound: | Periwound: |
| Procedure: | Procedure: | Procedure: | Procedure: |
| Anesthetic/Instrument: | Anesthetic/Instrument: | Anesthetic/Instrument: | Anesthetic/Instrument: |
| DBT Level: Sub Q. / Muscle / Bone | DBT Level: Sub Q. / Muscle / Bone | DBT Level: Sub Q. / Muscle / Bone | DBT Level: Sub Q. / Muscle / Bone |
| Progress: Better / Worse / Stable | Progress: Better / Worse / Stable | Progress: Better / Worse / Stable | Progress: Better / Worse / Stable |
| Treatment: | Treatment: | Treatment: | Treatment: |

**Notes:** ☐ No Charge to ROS ☐ No Charge to Physical Exam

**Complexity:** ☐ Straightforward ☐ Low ☐ Medium ☐ High **Signature**