

Fastcare Wound Evaluation

FORM UPDATED 1/21/13

Resident Name MD

*** = REQUIRED FIELD**

WOUND LOCATION *
TYPE OF WOUND *

Pressure	Neuropathic/Diabetic
Arterial	Skin Tear
Venous	Surgical
Mixed Vascular	Burn
Other <input type="text"/>	

THICKNESS/STAGE *

Partial	Full
I	II
II	III
III	IV
sDTI	
Unstageable	

TISSUE TYPE *

Necrotic
Slough
Granulation
Epithelial
Closed/Resurfaced

EVALUATION DATE

LENGTH(CM)*WIDTH(CM)*DEPTH(CM)*
TUNNELING No | Yes
T DEPTH (CM)
T CLOCK POSITION
UNDERMINING No | Yes
U DEPTH (CM)
U CLOCK POSITION

EXUDATE AMOUNT *

None
Light
Moderate
Heavy

EXUDATE TYPE *

N/A	Purulent	Other
Serous	Gastric	
Sero-sanguinous	Urinary	
Sanguinous	Fecal	

EXUDATE COLOR
DEBRIDEMENT TYPE *

N/A	Sharp
Autolytic	Mechanical
Chemical	Enzymatic
Surgical	

DEBRIDEMENT DATE *
ODOR No | Yes

WOUND BED *

<input type="checkbox"/> GRANULATION
<input type="checkbox"/> HYPERGRANULATION
<input type="checkbox"/> SLOUGH
<input type="checkbox"/> NECROTIC
<input type="checkbox"/> EPITHELIAL
<input type="checkbox"/> MUSCLE, TENDON OR BONE

SLOUGH %
WOUND EDGES *

<input type="checkbox"/> ATTACHED
<input type="checkbox"/> UNATTACHED
<input type="checkbox"/> ROLLED

ACQUISITION * Admitted | Acquired | Recurring

PHYSICIAN'S VERBAL ORDER No | Yes
DATE FIRST OBSERVED *

SURROUNDING SKIN *

<input type="checkbox"/> CALLOUS
<input type="checkbox"/> ERYTHEMA/REDNESS-BLANCHABLE
<input type="checkbox"/> ERYTHEMA/REDNESS-NON-BLANCHABLE
<input type="checkbox"/> HARDNESS/INDURATION
<input type="checkbox"/> INTACT
<input type="checkbox"/> MACERATION
<input type="checkbox"/> OTHER

TOPICAL MEDICATION ORDERED? No | Yes

MEDICATION NAME
MEDICATION FREQUENCY
SURROUNDING SKIN OTHER

TREATMENT

GENERAL COMMENTS OR OBSERVATIONS

Products

Primary	Secondary
Hydrogel <input type="text"/> 2x2 <input type="text"/> 4x4 <input type="text"/> Tube <input type="text"/>	Gauze Bordered <input type="text"/> 4x4 <input type="text"/> 6x6 <input type="text"/>
Hydrogel Ag (Silver) <input type="text"/> 2x2 <input type="text"/> 4x4 <input type="text"/> Tube <input type="text"/>	Composite Bordered <input type="text"/> 4x4 <input type="text"/> 6x6 <input type="text"/>
Calcium Alginate <input type="text"/> 2x2 <input type="text"/> 4x4 <input type="text"/> 12" Rope <input type="text"/>	Foam Bordered <input type="text"/> 4x4 <input type="text"/> 6x6 <input type="text"/> 4" Split <input type="text"/>
Calcium Alginate Ag (Silver) <input type="text"/> 2x2 <input type="text"/> 4.5x4.5 <input type="text"/> 12" Rope <input type="text"/>	Foam Non-Bordered <input type="text"/> 2x2 <input type="text"/> 4x5 <input type="text"/> 4x5 Split <input type="text"/>
Collagen <input type="text"/> 2x2 <input type="text"/> 4x4 <input type="text"/>	Hydrocolloid Bordered <input type="text"/> 4x4 <input type="text"/> 6x6 <input type="text"/> Non-Bordered <input type="text"/> 2x2 <input type="text"/>
<input type="text"/> Wound Cleanser <input type="text"/>	Transparent Film <input type="text"/> 4x5 <input type="text"/> 2x3 <input type="text"/>
Oil Emulsion <input type="text"/> 3x3 <input type="text"/>	Gauze Pad <input type="text"/> 5x9 <input type="text"/> Ex: ABD
Petrolatum Gauze <input type="text"/> Vaseline 3x9 <input type="text"/> Xeroform 5x9 <input type="text"/>	Non-Adherent Pad <input type="text"/> 2x3 <input type="text"/> 3x4 <input type="text"/> Ex: Telfa
Iodoform Packing Strip <input type="text"/> 1/2" <input type="text"/> 1" <input type="text"/> 1/4" <input type="text"/>	Roll Gauze <input type="text"/> 4.5" <input type="text"/> Ex: Bulkee or Kerlix
Plain Packing Strip <input type="text"/> 1/4" <input type="text"/> 1" <input type="text"/>	Stretch Gauze <input type="text"/> 3" <input type="text"/> Ex: Kling
Compression <input type="text"/> Tubigrip E <input type="text"/> Tubigrip F <input type="text"/> Ace Wrap <input type="text"/>	Tape Paper <input type="text"/> 2" <input type="text"/> Silk Cloth <input type="text"/> 2" <input type="text"/>
Cohesive Bandage <input type="text"/> 3" <input type="text"/> 6" <input type="text"/> Una Boot 3" <input type="text"/>	Mefix <input type="text"/> 2" <input type="text"/>

Freq. of change	Other Freq.	Certification Period
<input type="text"/>	<input type="text"/>	14 30 60 90

Freq. of change	Other Freq.	Certification Period
<input type="text"/>	<input type="text"/>	14 30 60 90

Other Products Requested:

Other Products Requested: