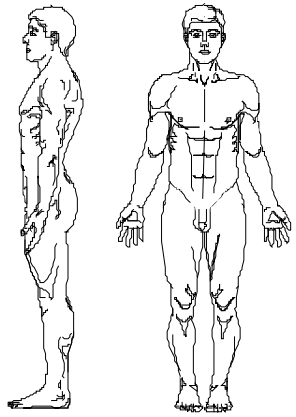
McLaren FLINT

INPATIENT REHABILITATION CENTER

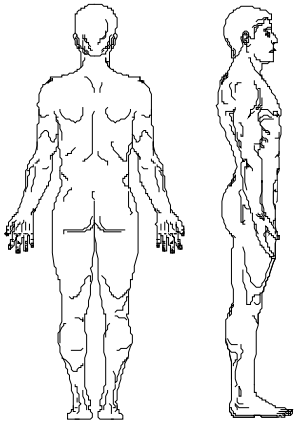
WOUND ASSESSMENT



L R L

MARK AND NUMBER EACH

WOUND



L R L

Wound Location / Date / Any Added Notations	Skin Tear	Rash	Incision	Abrasion	Pressure Ulcer: Unstageable	Stage I	Stage II	Stage III	Stage IV	Appearance: Pink	Granulation	Necrotic	Eschar	Exudate: None	Serous	Sanguinous	Purulent	Exudate amt.: Scant	Small	Moderate	Heavy	Odor: None	Mild	Foul	Surrounding Tissue: Health/Intact	Irritated	Macerated		Education: Education Given	Written	Demo	Return Demo
Date & Time _____ Wound Location _____ size in cm length _____ depth _____ width _____ tunneling _____ Initial _____																																
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Nurse Signature/initials:

_____ _____

_____ _____

_____ _____

_____ _____

700

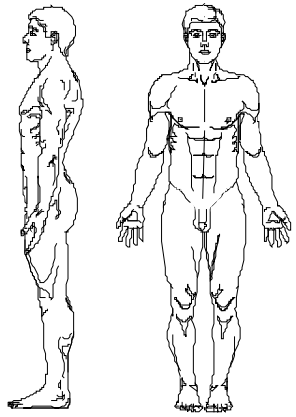
RESIDENT

MR.#/RM.

DR.

WOUND ASSESSMENT

17405C Page 1/2 Rev. 8/12



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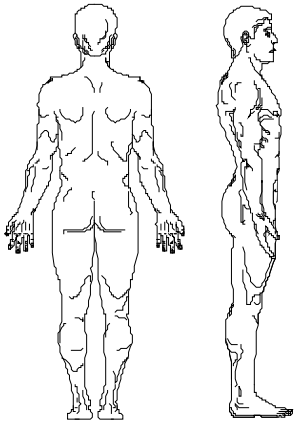

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RESIDENT

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DR.