

WOUND ASSESSMENT / PHYSICIAN'S ORDER

Assessment / Order Date: _____

DRESSING	Primary (P) Secondary (S)	SIZE	(Qty) WOUND 1	(Qty) WOUND 2	(Qty) WOUND 3	(Qty) WOUND 4
COLLAGEN						
ALGINATE						
COMPOSITE						
FOAM						
GUAZE,STERILE						
GAUZE, NON-STERILE						
GAUZE, IMPREGNATED, STERILE						
GUAZE, IMPREGNATED, NON-STERILE						
HYDROCOLLOID						
HYDROGEL						
SPECIALTY ABSORPTIVE						
TAPE, WATERPROOF						
TAPE, PAPER						
WOUND-FILLER						
COLLAGEN						
ALGINATE						
FOAM						
HYDROCOLLOID						
HYDROGEL						
PACKING STRIPS						
WOUND CLEANSER						
COMPRESSION BANDAGE						
CONFORMING BANDAGE						
TUBULAR DRESSING						
DRESSING HOLDER						
WOUND POUCH						
SKIN SEALANT, MOISTURIZER, OINTMENT						
ASSESSMENT			WOUND 1	WOUND 2	WOUND 3	WOUND 4
FREQUENCY OF CHANGE						
DESCRIPTION						
SIZE & DEPTH						
LOCATION						
DRAINAGE (MIN) (MOD) (HVY)						
THICKNESS PARTIAL (P) FULL (F)						
ODOR						
COLOR						
PRESSURE ULCER STAGE (I) (II) (III) (IV)						
SURGICAL (S) DEBRIDED (D)						
OTHER						

Patient Name: _____ DOB: _____

ICD-9: _____ Diagnosis: _____

PHYSICIAN: _____ UPIN: _____ NPI: _____

PHYSICIAN'S SIGNATURE

DATE