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TREATMENT RECORD

Nursing Observations / Comments

Describe Treatment initially, when change occurs, and weekly. Summarize monthly.

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| 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 Uses to large the state of the |
| uspected Deep Tissue Injury: Purple or maroon localized area of discolored tract skin or blood-filled blister due to damage of underlying soft tissue from |
| tact skin or blood-filled blister due to damage of underlying soft tissue from |
| ressure and/or shear. The area may be preceded by tissue that is painful, |
| rm, mushy, boggy, warmer or cooler as compared to adjacent tissue. |
| tage I: Intact skin with non-blanchable redness of a localized area usually |
| ver a bony prominence. Darkly pigmented skin may not have visible lanching; its color may differ from the surrounding area. |
| tage II: Partial thickness loss of dermis presenting as a shallow open ulcer |
| rith a red pink wound bed, without slough. May also present as an intact or pen/ruptured serum-filled blister. |
| tage III: Full thickness tissue loss. Subcutaneous fat may be visible but |
| one, tendon, or muscle are not exposed. Slough may be present but does |
| ot obscure the depth of tissue loss. May include undermining and tunneling. tage IV: Full thickness tissue loss with exposed bone, tendon or muscle. |
| lough or eschar may be present on some parts of the wound bed. Often |
| include undermining and tunneling. Instageable: Full thickness tissue loss in which the base of the ulcer is |
| overed by slough (yellow, tan, gray, greenor brown) and/or eschar (tan, |
| rown, or black) in the wound bed. |
| MARK PRESSURE ULCER A, B, C, ETC. IN RED |
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