|  | AGING AND LONG-TERM SUPPORT ADMINISTRATION (ALTSA)**Pressure Injury Assessment and Documentation**(Pressure Injury Numbering from Nursing Services Basic Injury Assessment)**Use one form per pressure injury described.** | DATE OF SERVICE |
| --- | --- | --- |
| CASE MANAGER NAME |
| RN NAME |
| **Section 1. Client Information (Completed by DSHS or AAA Staff, RN, and/or Contractor)** |
| CLIENT NAME | DATE OF BIRTH | CLIENT ACES ID | CLIENT PROVIDER ONE ID |
| **Pressure Injury Description** |
| 1. PRESSURE INJURY NUMBERFrom form 13-780 (pictorial diagram) | 2. LOCATION DESCRIPTION |
| 3. PRESSURE INJURY CLASSIFICATIONStaging (check one): **[ ]**  1 **[ ]**  2 **[ ]**  3 **[ ]**  4 **or (check one of the following):**[ ]  Unstageable: [ ]  Suspected deep tissue injury reason:  |
| 4. MEASUREMENT OF WOUNDLength:  cm Width:  cm Depth (visual estimate):  cm |
| 5. TUNNELING**[ ]**  No **[ ]**  Yes. If yes, describe: | UNDERMINING**[ ]**  No **[ ]**  Yes. If yes, describe: |
| 6. A. Wound Exudate: (% saturation of dressing)**[ ]**  None: (0%) **[ ]**  Minimal: (<25% Saturation of Dressing)**[ ]**  Moderate: (26-75% Saturation of Dressing) **[ ]**  Heavy: (>75% Saturation of Dressing)   |
|  B. **[ ]**  Serous: (Thin, Watery, Clear) **[ ]**  Sanguineous: (Bloody) **[ ]**  Purulent: (Thin or Thick, Opaque, Tan/Yellow) **[ ]**  Serosanguineous: (Thin Watery, Pale Red/Pink)  |
| 7. WOUND BED**[ ]**  Granulation **[ ]**  Slough **[ ]**  NecroticComments:  |
| 8. ODOR**[ ]**  No **[ ]**  Yes. If yes, describe:  |
| 9. PAIN SCALE  NO PAIN **[ ]**  0 **[ ]**  1 **[ ]**  2 **[ ]**  3 **[ ]**  4 **[ ]**  5 **[ ]**  6 **[ ]**  7 **[ ]**  8 **[ ]**  9 **[ ]**  10 WORST PAIN IMAGINABLE |
| 10. SURROUNDING SKIN**[ ]**  Erythema **[ ]**  Edema **[ ]**  Warm **[ ]**  Induration (hard) **[ ]**  Other: Comments:  |
| Pressure Injury Documentation, Pages of   |
| RN SIGNATURE DATE  | PRINTED RN NAME |
| 11. RN POST PRESSURE INJURY ASSESSMENT RECOMMENDATIONS TO DSHS CASE MANAGER (INCLUDING TREATMENT AND/OR RECOMMENDATIONS FOR HCP FOLLOW-UP, ADDITIONAL TREATMENT OR CARE NEEDS AND/OR RECOMMENDED CHANGES TO SERVICE PLAN |