

# SKIN CARE PROGRESS CHART

Name \_\_\_\_\_ Room # \_\_\_\_\_ Physician \_\_\_\_\_  
 Location \_\_\_\_\_ Causative factor \_\_\_\_\_ Date of onset \_\_\_\_\_

Date	Size (L x W)	Depth	Drainage:					Category: <i>(Tx protocol, per category and amt. of drainage)</i>		
			Heavy	Moderate	Light	Minimal	None	Infected	Necrotic	Clean
<b>Phase:</b>			<b>Describe:</b>					Deep	Deep	Deep
Inflammatory	Proliferatory	Maturation						Shallow	Shallow	Shallow
<b>Picture:</b>			<b>Description of Progress/ Stage/ Surrounding Tissue/ Undermining/ Odor after Cleansing/ Edges/ Pain:</b>							
							Signature: _____			

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