

# Epidermolysis Bullosa – Patient Status Update

NAME: \_\_\_\_\_

CASELOAD: \_\_\_\_\_

DATE: \_\_\_\_\_

HCN/BRN: \_\_\_\_\_

Dressing change  
frequency:

Nursing visit frequency:

Bath frequency:

Pain (1-10): During dressing change: \_\_\_\_\_ Between dressing changes: \_\_\_\_\_

Pre-medication before dressing change: ☐ No ☐ Yes

If yes:

Medication	Quantity

Mood:

ADL: ☐ Affected ☐ Not AffectedMobility: ☐ Affected ☐ Not AffectedPT/OT involved? ☐ No ☐ Yes – frequency:

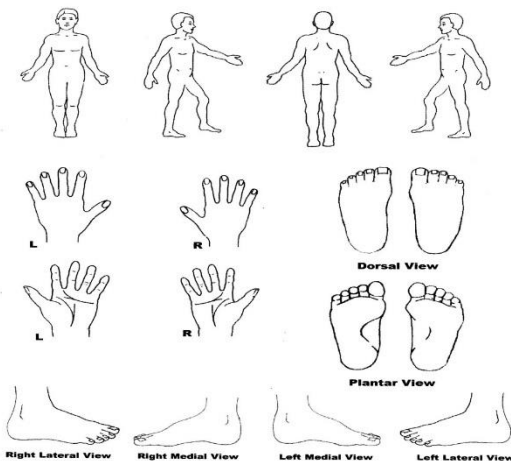
Nutrition:

☐ Breast feeding ☐ Bottle feeding ☐ Oral feeds ☐ GTube

Itch (1-10):

Medication:

Target Wounds – Most Problematic



(Number Wounds on Diagram)

*\*Use additional forms as necessary\**

	Wound #1	Wound #2	Wound #3	Wound #4
<b>Measurements</b>	Length(cm): Width(cm): Area:	Length(cm): Width(cm): Area:	Length(cm): Width(cm): Area:	Length(cm): Width(cm): Area:
<b>Exudate Amount</b>	<input type="checkbox"/> scant <input type="checkbox"/> small <input type="checkbox"/> medium <input type="checkbox"/> large <input type="checkbox"/> copious	<input type="checkbox"/> scant <input type="checkbox"/> small <input type="checkbox"/> medium <input type="checkbox"/> large <input type="checkbox"/> copious	<input type="checkbox"/> scant <input type="checkbox"/> small <input type="checkbox"/> medium <input type="checkbox"/> large <input type="checkbox"/> copious	<input type="checkbox"/> scant <input type="checkbox"/> small <input type="checkbox"/> medium <input type="checkbox"/> large <input type="checkbox"/> copious
<b>Wound bed appearance (check all that apply)</b>	<input type="checkbox"/> granulation <input type="checkbox"/> slough <input type="checkbox"/> eschar <input type="checkbox"/> epithelial	<input type="checkbox"/> granulation <input type="checkbox"/> slough <input type="checkbox"/> eschar <input type="checkbox"/> epithelial	<input type="checkbox"/> granulation <input type="checkbox"/> slough <input type="checkbox"/> eschar <input type="checkbox"/> epithelial	<input type="checkbox"/> granulation <input type="checkbox"/> slough <input type="checkbox"/> eschar <input type="checkbox"/> epithelial
<b>Signs and Symptoms of Superficial Infection</b>	<input type="checkbox"/> non-healing <input type="checkbox"/> exudate <input type="checkbox"/> redness <input type="checkbox"/> debris <input type="checkbox"/> smell	<input type="checkbox"/> non-healing <input type="checkbox"/> exudate <input type="checkbox"/> redness <input type="checkbox"/> debris <input type="checkbox"/> smell	<input type="checkbox"/> non-healing <input type="checkbox"/> exudate <input type="checkbox"/> redness <input type="checkbox"/> debris <input type="checkbox"/> smell	<input type="checkbox"/> non-healing <input type="checkbox"/> exudate <input type="checkbox"/> redness <input type="checkbox"/> debris <input type="checkbox"/> smell
<b>Signs and symptoms – Spreading infection</b>	<input type="checkbox"/> size is bigger <input type="checkbox"/> temperature increase <input type="checkbox"/> bone visible <input type="checkbox"/> new areas of breakdown <input type="checkbox"/> erythema/edema <input type="checkbox"/> exudate <input type="checkbox"/> smell	<input type="checkbox"/> size is bigger <input type="checkbox"/> temperature increase <input type="checkbox"/> bone visible <input type="checkbox"/> new areas of breakdown <input type="checkbox"/> erythema/edema <input type="checkbox"/> exudate <input type="checkbox"/> smell	<input type="checkbox"/> size is bigger <input type="checkbox"/> temperature increase <input type="checkbox"/> bone visible <input type="checkbox"/> new areas of breakdown <input type="checkbox"/> erythema/edema <input type="checkbox"/> exudate <input type="checkbox"/> smell	<input type="checkbox"/> size is bigger <input type="checkbox"/> temperature increase <input type="checkbox"/> bone visible <input type="checkbox"/> new areas of breakdown <input type="checkbox"/> erythema/edema <input type="checkbox"/> exudate <input type="checkbox"/> smell

Additional Comments:

NAME: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

DESIGNATION: \_\_\_\_\_

AGENCY: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_