

PRESSURE ULCER ASSESSMENT VIA TELEMEDICINE
TREATING PHYSICIAN ASSESSMENT

Visit # _____

Study ID _____

Date: ____ / ____ / ____ (MM/DD/YY)

Please answer the following questions about the patient's pressure ulcer or repair by circling the appropriate response.

Physician's name: _____

1. Is the wound getting smaller ?

YES

NO

N/A (Have not previously
seen wound)

2. Is necrotic tissue present?

YES

NO

3. Is cellulitis *suspected*?

YES

NO

4. For patients with open wounds, is osteomyelitis *suspected*?

YES (go to 4a)

NO (go to 5)

N/A (No Pt. history available)

4a. If osteomyelitis is suspected, was it determined by

Laboratory Data?
(e.g., bone biopsy,
bone scan, x-ray, etc.)

Physical/Image examination?

5. If the patient is post-op (has undergone a surgical repair of a pressure sore in the last 3 months), is the wound closed?

YES

NO

N/A