Nursing Home Survey: The number of patients who are admitted to hospitals and the number returning with pressure sores and ulcers. Please use the enclosed Staging of bed sores. List ALL patients admitted to the hospital, even if they did not have pressure sores. If a patient had no sores, place "0" in the "Number of Sores BEFORE Admission" and the "Number of Sores AFTER Admission" fields. <u>www.healthwatchusa.org</u> 

 HOSPITAL ADMITTED TO:
 Survey period for hospital admission:
 Form No.

| Case   | Days in  | Number of           | Stage of each of the      | Number of   | Stage of each of the      | Discharge Instructions on |
|--------|----------|---------------------|---------------------------|-------------|---------------------------|---------------------------|
| Number | the      | Sores <b>BEFORE</b> | Sores (Separate with ",") | Sores AFTER | Sores (Separate with ",") | How To Treat The Sores    |
|        | Hospital | Admission           |                           | Admission   |                           | (Yes or No)               |
| 1      |          |                     |                           |             |                           |                           |
| 2      |          |                     |                           |             |                           |                           |
| 3      |          |                     |                           |             |                           |                           |
| 4      |          |                     |                           |             |                           |                           |
| 5      |          |                     |                           |             |                           |                           |
| 6      |          |                     |                           |             |                           |                           |
| 7      |          |                     |                           |             |                           |                           |
| 8      |          |                     |                           |             |                           |                           |
| 9      |          |                     |                           |             |                           |                           |
| 10     |          |                     |                           |             |                           |                           |
| 11     |          |                     |                           |             |                           |                           |
| 12     |          |                     |                           |             |                           |                           |
| 13     |          |                     |                           |             |                           |                           |
| 14     |          |                     |                           |             |                           |                           |
| 15     |          |                     |                           |             |                           |                           |
| 16     |          |                     |                           |             |                           |                           |
| 17     |          |                     |                           |             |                           |                           |
| 18     |          |                     |                           |             |                           |                           |
| 19     |          |                     |                           |             |                           |                           |
| 20     |          |                     |                           |             |                           |                           |
| 21     |          |                     |                           |             |                           |                           |
| 22     |          |                     |                           |             |                           |                           |
| 23     |          |                     |                           |             |                           |                           |
| 24     |          |                     |                           |             |                           |                           |
| 25     |          |                     |                           |             |                           |                           |

 Nursing Home
 Name (Contact) of Person Completing Form
 www.healthwatchusa.org