

## Patient Information

Patient Unit: \_\_\_\_\_ (from Unit/Work Area data collection form)

### Section 1 - Complete for all patients surveyed

#### Demographic Information:

##### Patient Gender:

- Male  
 Female

##### Patient Age Group:

- |   |                                       |
|---|---------------------------------------|
| <input type="checkbox"/> 0 to 12 months | <input type="checkbox"/> 40 to 49 yrs |
| <input type="checkbox"/> 1 to 3 yrs     | <input type="checkbox"/> 50 to 59 yrs |
| <input type="checkbox"/> 4 to 19 yrs    | <input type="checkbox"/> 60 to 69 yrs |
| <input type="checkbox"/> 20 to 29 yrs   | <input type="checkbox"/> 70 to 79 yrs |
| <input type="checkbox"/> 30 to 39 yrs   | <input type="checkbox"/> 80 + yrs     |

#### Continenence Status:

Incontinence = inability to control the flow of urine and/or stool in the preceding 24 hours

Check all that apply

##### Urine:

- Continent  
*Note: A patient with a Foley Catheter is deemed "continent."*  
 Patient has Foley  
  
 Incontinent

##### Stool:

- Continent  
*Note: A patient with an indwelling fecal collection device is deemed "incontinent."*  
  
 Incontinent  
 Liquid or semi-liquid stools  
 Frequency \_\_\_\_\_  
 Patient has **indwelling** fecal collection device  
 Patient has **external** fecal collection device

### Section 2 - Complete only for incontinent patients

#### Contributing Factors & Co-Morbidities

Check all that apply.

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Low albumin                          | <input type="checkbox"/> Braden Score           | <input type="checkbox"/> Diabetic with recent hyperglycemia             |
| <input type="checkbox"/> Antibiotics _____                    | <input type="checkbox"/> Mobility Score         | <input type="checkbox"/> Obesity with deep groin/low abdomen skin folds |
| _____   | <input type="checkbox"/> Friction & Shear Score | <input type="checkbox"/> Immunocompromised                              |
| <input type="checkbox"/> Clostridium difficile stool positive | <input type="checkbox"/> Nutrition Score        | <input type="checkbox"/> Other _____                                    |
| <input type="checkbox"/> Tube feeding                         |   |   |

#### Incontinence Cleanup & Skin Protection:

Check products used on patient

##### Cleansing:

- Soap/Water/Basin  
 Peri-Wash (spray)  
 Cleansing Foam  
 Washcloth (circle type)  
 reusable / disposable  
 Premoistened Wipe  
(thin, not washcloth)

##### Moisturizers:

- Lotion  
 Cream  
 Ointment

##### Barrier Protection: (Tubes, Bottles or Sprays)

Must contain one of the "Active Ingredients" listed below

- Petroleum  
 Zinc Oxide  
 Dimethicone  
 Liquid Film Barrier  
 Other \_\_\_\_\_

##### All-in-one products:

Must combine cleansing, moisturizing & barrier protection  
 Barrier Cloth with skin protectant

### Section 3

#### Complete only for incontinent patients with rash/redness of buttock or perineal skin

#### Perineal Skin Injury

Check all that apply

##### Condition:

- Incontinence Associated Dermatitis  
 Red and dry  
 Red and weepy  
 Present on Admission  
  
 Pressure Ulcer (sacral, coccyx or ischial)  
 How many?  
 Stage(s) \_\_\_\_\_  
 Present on Admission

##### Area Affected:

- Buttocks  
 Coccyx  
 Rectal Area  
 Scrotum/Labia  
  
 Lower Abdomen  
 Upper Thighs  
 Gluteal cleft  
 Groins

##### Containment Products:

- FlexiSeal Fecal Collection Device  
 Zazzi Fecal Collection Device  
 Nasal Trumpet  
 Other \_\_\_\_\_

Fungal/yeast appearing rash

Other  
 Specify \_\_\_\_\_

Y N Is there leakage around device at the anus?

Y N Was there an underpad present?

- Reusable cloth  
 Disposable plastic-backed  
 Disposable air flow-backed

Y N Were incontinence briefs worn by patient?