

Incontinence-Associated Dermatitis (IAD) Assessment Form



Now part of Stryker.

MAIL TO:

Sage Products
attn: CustomerOne
3909 Three Oaks Road
Cary, IL 60013

Facility:

Sales Rep:

Unit: **Room/Bed:**

Date: **Facility Type:**

Like this: Not like this:

	0-99 Beds	100-199 Beds	200-399 Beds	400-599 Beds	600+ Beds		
Facility size	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
What is the patient's sex?	<input type="radio"/> (M)	<input type="radio"/> (F)					
Is the patient immobile?	<input type="radio"/> (Y)	<input type="radio"/> (N)					
	<u>Fecal</u>	<u>Urine</u>	<u>Both</u>	<u>None</u>			
Is the patient incontinent?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			
Does the patient have a Foley catheter?	<input type="radio"/> (Y)	<input type="radio"/> (N)					
	<u>Early IAD</u>	<u>Moderate IAD</u>	<u>Severe IAD</u>	<u>None</u>			
Does the patient have IAD?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			
If IAD, is there a fungal appearing rash?	<input type="radio"/> (Y)	<input type="radio"/> (N)					
If the patient has IAD, was it POA?	<input type="radio"/> (Y)	<input type="radio"/> (N)					
Is Barrier in the room?	<input type="radio"/> (Y)	<input type="radio"/> (N)					
	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>DTI</u>	<u>Unstageable</u>	<u>None</u>
Does the patient have a sacral/buttock pressure injury? (Choose Stage of PI)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If the patient has a sacral/buttock pressure injury, was it POA?	<input type="radio"/> (Y)	<input type="radio"/> (N)					
	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>DTI</u>	<u>Unstageable</u>	<u>None</u>
Does the patient have a heel pressure ulcer (hPI)? (Choose stage of PI)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If the patient has a hPI, was it POA?	<input type="radio"/> (Y)	<input type="radio"/> (N)					

NOTES: