

Incontinence-Associated Dermatitis (IAD) Assessment Form



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"/>		
Is the patient immobile?	<input type="radio"/> Y	<input type="radio"/> N					
Is the patient incontinent?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
	<u>Fecal</u>	<u>Urine</u>	<u>Both</u>	<u>None</u>			
Does the patient have IAD?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
	<u>Early IAD</u>	<u>Moderate IAD</u>	<u>Severe IAD</u>	<u>None</u>			
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					
Does the patient have a sacral/buttock pressure ulcer? (Choose Stage of PU)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	<u>I</u>	<u>II</u>	<u>III</u>	<u>IV</u>	<u>DTI</u>	<u>Unstageable</u>	<u>None</u>
If the patient has a sacral/buttock pressure ulcer, was it POA?	<input type="radio"/> Y	<input type="radio"/> N					
Does the patient have a heel pressure ulcer (hPU)? (Choose stage of PU)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	<u>I</u>	<u>II</u>	<u>III</u>	<u>IV</u>	<u>DTI</u>	<u>Unstageable</u>	<u>None</u>
If the patient has a hPU, was it POA?	<input type="radio"/> Y	<input type="radio"/> N					
Heel Protector in the room?	<input type="radio"/> Y	<input type="radio"/> N					
Is the limb externally rotated?	<input type="radio"/> Y	<input type="radio"/> N					

NOTES: