Text

Description automatically generated with medium confidence

Medical Conditions – Wound Management

For Renewal of Accreditation and ACIR

Please complete the chart below by filling in the medical conditions seen by the resident over the course of the program. Patients evaluated, treated, or managed by the resident as part of the resident’s education throughout the course of the program should be included within the template.

The patient’s medical condition is only counted during the first patient encounter. **Patient encounters beyond the initial visit should not be included in the frequency count.**

|  |  |
| --- | --- |
| **Name of Graduate:** | |
| Medical Conditions **Wound Management** | **Number of Patients Evaluated, Treated, or Managed by the Resident as Part of the Program’s Curriculum** |
| **Cardiovascular System** | |
| Congestive heart failure |  |
| Coronary artery bypass graft |  |
| Cardiomyopathy |  |
| Vascular disease (arterial, venous, lymphatic) |  |
| Vasculitis |  |
| Vasculopathy |  |
| **Pulmonary System** | |
| Chronic obstructive pulmonary disease |  |
| Cystic fibrosis |  |
| **Endocrine System** | |
| Diabetes |  |
| **Integumentary System** | |
| Abnormal scarring |  |
| Abscess |  |
| Allergic reactions (skin disorders) |  |
| Basal cell carcinoma |  |
| Bullous pemphigoid |  |
| Burns/frostbite |  |
| Cellulitis |  |
| Contusion/abrasion |  |
| Dehiscence |  |
| Dermatitis |  |
| Drug induced hypersensitivity syndrome |  |
| Flaps/skin grafts |  |
| Kaposi sarcoma |  |
| Melanoma |  |
| Necrotizing fasciitis |  |
| Neuropathic ulcer |  |
| Onychomycosis |  |
| Pemphigus |  |
| Pressure ulcer |  |
| Pyoderma gangrenosum |  |
| Squamous cell carcinoma |  |
| Vascular ulcer |  |
| **Nervous System** | |
| Cerebrovascular accident |  |
| Demyelinating disorders |  |
| Parkinson’s disease |  |
| Peripheral nerve damage |  |
| Polyneuropathy |  |
| Spinal cord injury |  |
| **Musculoskeletal System** | |
| Osteomyelitis |  |
| **Involvement Of Multiple Systems** | |
| Amputation |  |
| Heart/lung transplant |  |
| Herpes zoster |  |
| Lymphoma |  |
| Malnutrition |  |
| Obesity |  |
| Organ failure |  |
| Post-radiation for any cancer |  |
| Rheumatoid arthritis |  |
| Systemic lupus erythematosus |  |
| Venomous bites |  |
| **Other** | |
| Insert additional conditions not reflected above |  |