

# Incontinence-Associated Dermatitis (IAD) Assessment Form



**MAIL TO:**

Sage Products  
attn: Customer Service  
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		
<b>Facility size</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
<b>Is the patient immobile?</b>	<input type="radio"/> Y	<input type="radio"/> N					
<b>Is the patient incontinent?</b>	<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>			
<b>Does the patient have IAD?</b>	<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>			
<b>If IAD, is there a fungal appearing Rash?</b>	<input type="radio"/> Y	<input type="radio"/> N					
<b>If the patient has IAD, was it POA?</b>	<input type="radio"/> Y	<input type="radio"/> N					
<b>Is Barrier in the Room?</b>	<input type="radio"/> Y	<input type="radio"/> N					
<b>Does the patient have a sacral/buttock pressure ulcer?</b> (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>
<b>If the patient has a sacral/buttock pressure ulcer, was it POA?</b>	<input type="radio"/> Y	<input type="radio"/> N					
<b>Does the patient have a heel pressure ulcer (hPU)?</b> (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>
<b>If the patient has a hPU, was it POA?</b>	<input type="radio"/> Y	<input type="radio"/> N					
<b>Heel Protector in the room?</b>	<input type="radio"/> Y	<input type="radio"/> N					
<b>Is the limb externally rotated?</b>	<input type="radio"/> Y	<input type="radio"/> N					

**NOTES:**