



WRITE, IMPRINT OR ATTACH LABEL

Surname _____

First names _____ Sex _____

DOB _____

Location Home - _____

Assessment Chart for Wound Management

For multiple wounds complete formal wound assessment for each wound. Add Inserts as needed.

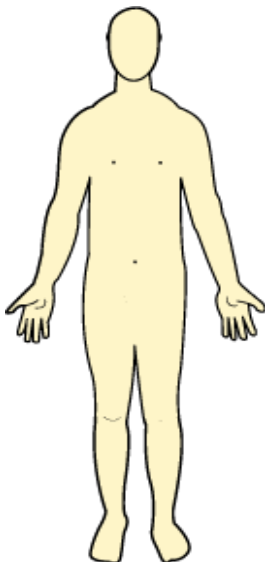
Factors which could delay healing:

(Please tick relevant box)

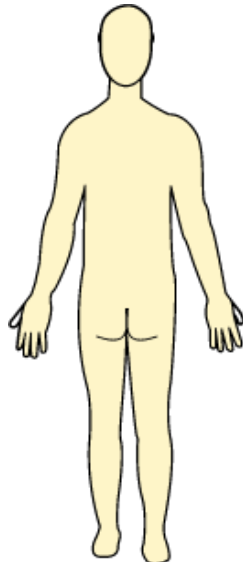
Immobility	<input type="checkbox"/>	Poor Nutrition	<input type="checkbox"/>	Diabetes	<input type="checkbox"/>	Incontinence	<input type="checkbox"/>
Respiratory/Circulatory Disease	<input type="checkbox"/>	Anaemia	<input type="checkbox"/>	Medication	<input type="checkbox"/>	Wound Infection	<input type="checkbox"/>
Inotropes	<input type="checkbox"/>	Anti-Coagulants	<input type="checkbox"/>	Oedema	<input type="checkbox"/>	Steroids	<input type="checkbox"/>
Chemotherapy	<input type="checkbox"/>	Other.....	Allergies & Sensitivities.....				

Body Diagram

Front



Back



Mark location with 'X' and number each wound

Type of Wound **Total number & duration of each type of wound**

Surgical Wound

Diabetic Ulcer

Pressure Ulcer

Other, specify

Feet Diagram

Right



Left



Mark location with 'X' and number each wound

Date referred to:

TVN

Podiatrist.....

Other (please specify).....

Assessors signature:

Date:

Formal Wound Assessment

Complete on initial assessment and thereafter complete at every dressing change

Date of Assessment								
Number of wound								
Analgesia required (Refer to local pain assessment tool)	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No
Regular/ongoing analgesia								
Pre-dressing only								
Wound Dimensions (enter size)								
Length (cm/mm)								
Width (cm/mm)								
Depth (cm/mm)								
Or trace wound circumference								
Is wound tracking/undermining								
Photography								
Tissue type on wound bed (enter percentages)								
Necrotic (Black)								
Sloughy (Yellow/Green)								
Granulating (Red)								
Epithelialising (Pink)								
Hypergranulating (Red)								
Haematoma								
Bone/tendon								
Wound exudate levels/ type (tick all relevant boxes)								
Low								
Moderate								
High *								
Serous (Straw)								
Haemoserous (Red/Straw)								
Purulent (Green/Brown/Yellow)*								
Peri-wound skin (tick relevant boxes)								
Macerated (White)								
Oedematous *								
Erythema (Red)*								
Excoriated (Red)								
Fragile								
Dry/scaly								
Healthy/intact								
Signs of Infection * 1 or more of these signs may indicate possible infection								
Heat *								
New slough/necrosis(deteriorating wound bed)*								
Increasing pain*								
Increasing exudate*								
Increasing odour*								
Friable granulation tissue*								
Treatment objectives (tick relevant box)								
Debridement								
Absorption								
Hydration								
Protection								
Palliative / conservative								
Reduce bacterial load								
Assessors Print Initials								
Dressing Renewed (planned or unplanned dressing change)								
Re-assessment date								

Wound Treatment Plan and Evaluation of Care

To be completed when treatment or dressing type / regime altered
NB Please write clearly

Date	Wound Number	Cleansing Method, Dressing Choice & Rationale	Frequency	Evaluation & Rationale for changing dressing type	Signature