

# WOUND MANAGEMENT CHART Part 1

FACILITY/ WARD: \_\_\_\_\_

LAUNCESTON GENERAL HOSPITAL

U.R.N.

SURNAME

D.O.B.

OTHER

NAMES

SEX

ADDRESS

MARITAL  
STATUS

REL.

## WOUND MANAGEMENT CHART

16TA

### Initial Wound Assessment

Type of wound: \_\_\_\_\_ Duration(days/weeks/years) \_\_\_\_\_

Stage of tissue loss: \_\_\_\_\_

Condition of the skin: \_\_\_\_\_

#### Factors that may delay healing:

Infection ☐ Diabetes ☐ Anaemia ☐ Poor Nutrition ☐ Immobility ☐

Other factors: \_\_\_\_\_

Allergies: \_\_\_\_\_

Medications: \_\_\_\_\_

Additional comments: \_\_\_\_\_

#### Vascular assessment:

Brachial systolic BP

Posterior tibial systolic BP

Dorsalis pedis systolic BP

Brachial systolic BP

Posterior tibial systolic BP

Dorsalis pedis systolic BP

Right Leg

Left Leg

Ankle Brachial Index

Ankle circumference cm

Calf circumference cm

Ankle Brachial Index

Ankle circumference cm

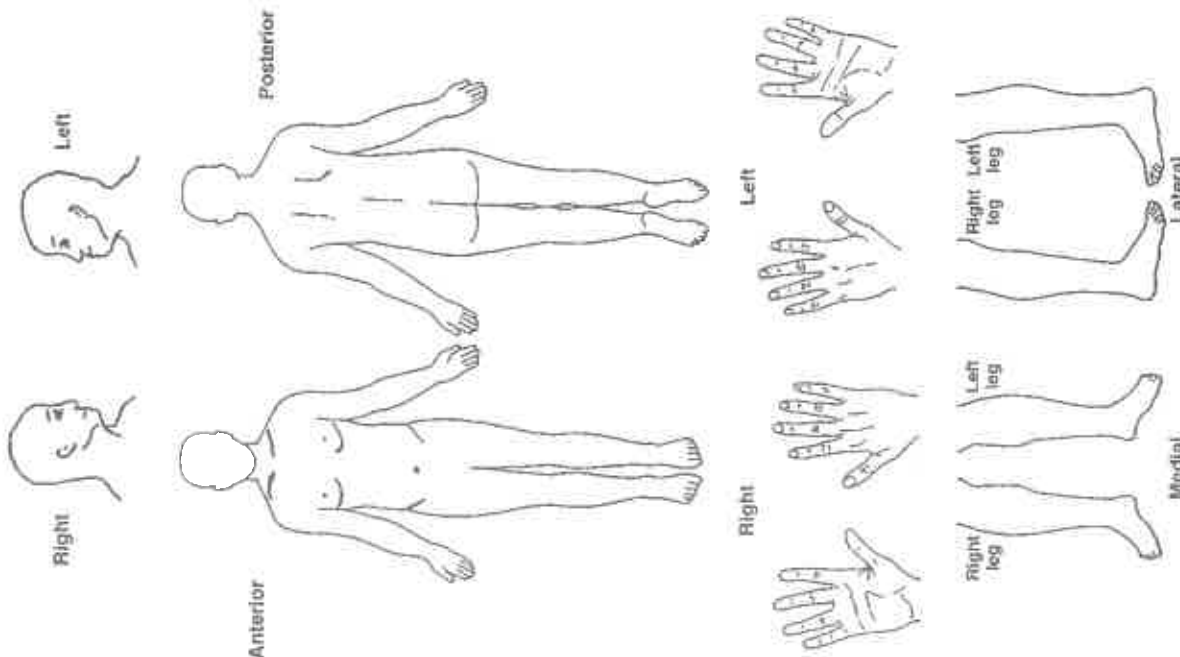
Calf circumference cm

BP \_\_\_\_\_ P \_\_\_\_\_

Sign print name and destination

Date

Draw location on body chart  
if more than one, number each wound





## WOUND MANAGEMENT CHART

FACILITY: \_\_\_\_\_  
WARD: \_\_\_\_\_

LAUNCESTON GENERAL HOSPITAL

U.R.N.									
SURNAME _____					D.O.B. _____				
OTHER NAMES _____					SEX _____				
ADDRESS _____					MARITAL STATUS _____				
					REL _____				

Trace the wound weekly (for open wounds) second weekly community clients. All other parameters should be assessed at EVERY dressing change

Date: Wound Assessed by: Print name Designation & Sign	Wound Dimensions (mm-cm) max. length max. width max. depth surface area sq.cm	Clinical Appearance necrotic } slough } granular } epithelial }	Exudate colour consistency nature/type approx. vol.	Odour none some offensive	Pain (site) at wound itself elsewhere (specify) 0-10 (0 being no pain 10 worst)	Surrounding skin colour / oedema erythema / blisters maceration / eczema	Infection wound swab / biopsy sent	Goals of management and Plan: product, frequency of dressing, date of next dressing change etc.
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