

Wound Assessment form

Date: _____ Patient Name: _____ Patient ID: _____

Patient

Age: _____ years

Weight: _____ kgs

Gender: ☐ Male ☐ Female

Nutrition status: ☐ Well nourished ☐ Malnourished

Mobility status: ☐ Good mobility ☐ Bad Mobility

Smoking: ☐ Yes ☐ No

If yes, how many/day: _____

Alcohol: _____ units/week

Co-morbidities: _____

Medications: _____



Wound description

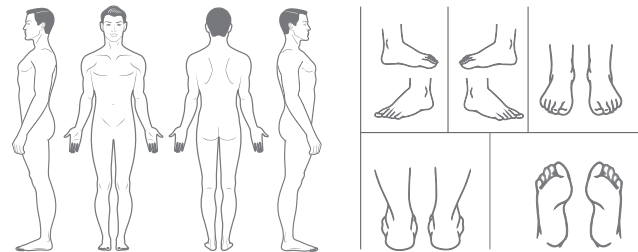
Wound type: _____

Duration of wound: _____

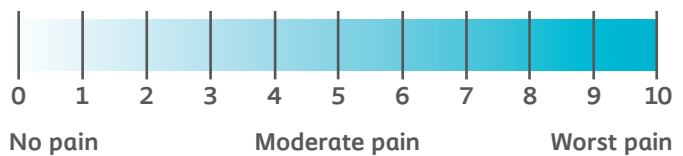
Previous treatments: _____

Size: length _____ mm width _____ mm depth _____ mm

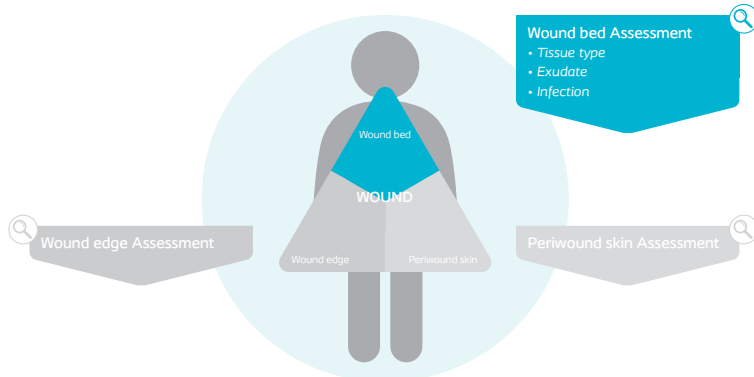
Wound location (please circle wound):



Pain level:



Wound bed assessment



Wound bed Assessment
• Tissue type
• Exudate
• Infection

Wound edge Assessment

Periwound skin Assessment



Wound bed Wound Assessment

Tissue type

Necrotic ☐ _____ % Granulating ☐ _____ %
Sloughy* ☐ _____ % Epithelialising ☐ _____ %

Exudate

Level ☐ Dry ☐ Low ☐ Medium ☐ High*

Type ☐ Thin/watery ☐ Cloudy ☐ Thick
☐ Purulent ☐ Clear ☐ Pink/red

Exudate pooling*: ☐ Yes ☐ No

Infection

Local
☐ Increased pain
☐ Erythema
☐ Oedema
☐ Local warmth
☐ Increased exudate*
☐ Delayed healing*
☐ Poor granulation/friable hypergranulation*
☐ Malodour*
☐ Pocketing
☐ * Suspected biofilm
(Clinical signs indicating presence of biofilm)

Spreading/systemic
☐ Increased erythema
☐ Pyrexia
☐ Abscess/pus
☐ Wound breakdown
☐ Cellulitis
☐ General malaise
☐ Raised WBC count
☐ Lymphangitis

* Exudate accumulation in the wound bed



Coloplast

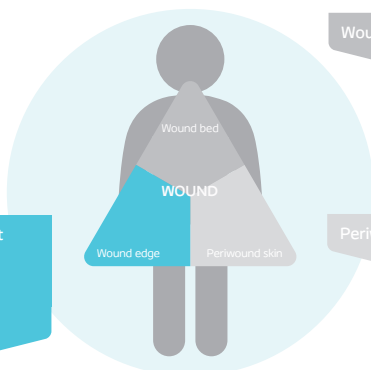


Wound edge assessment



Wound edge Assessment

- Maceration
- Dehydration
- Undermining
- Thickened/rolled edges



Wound bed Assessment

Periwound skin Assessment



Wound edge Wound Assessment

Maceration ☐

Dehydration ☐

Undermining ☐

Rolled edges ☐

Mark position
Extent: ____ cm

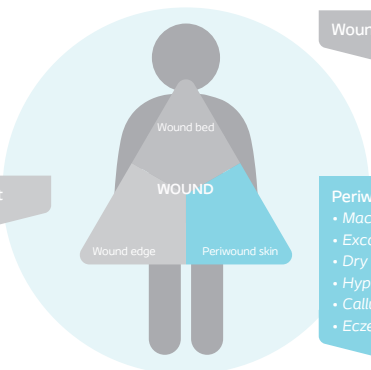


Periwound skin assessment



Wound edge Assessment

- Maceration
- Excoriation
- Dry skin
- Hyperkeratosis
- Callus
- Eczema



Wound bed Assessment

Periwound skin Assessment

- Maceration
- Excoriation
- Dry skin
- Hyperkeratosis
- Callus
- Eczema



Periwound skin Wound Assessment

Maceratin ☐ ____ cm

Excoriation ☐ ____ cm

Dry skin ☐ ____ cm

Hyperkeratosis ☐ ____ cm

Callus ☐ ____ cm

Eczema ☐ ____ cm

Status

Is the wound: ☐ N/A- First visit

☐ Deteriorating

☐ Static

☐ Improving



Management goals

Tick all appropriate management goals

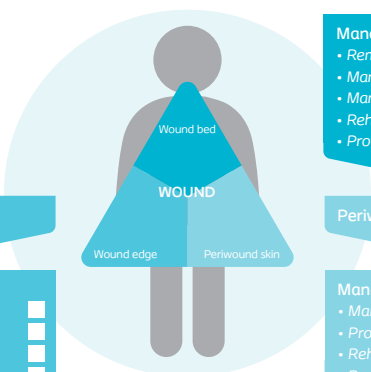


Wound edge Assessment



Management goals

- Manage exudate
- Rehydrate wound edge
- Remove non-viable tissue
- Protect granulation/epithelial tissue



Wound bed Assessment

Management goals

- Remove non-viable tissue
- Manage exudate
- Manage bacterial burden
- Rehydrate wound bed
- Protect granulation/epithelial tissue

Periwound skin Assessment

Management goals

- Manage exudate
- Protect skin
- Rehydrate skin
- Remove non-viable tissue



Wound Management Goals

Write all management goals



Treatment choice

Treatment: _____ Dressing type/name: _____

Reason for choosing dressing: _____

Follow up plan

Date of next visit: _____ Main objective at next visit: _____