

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

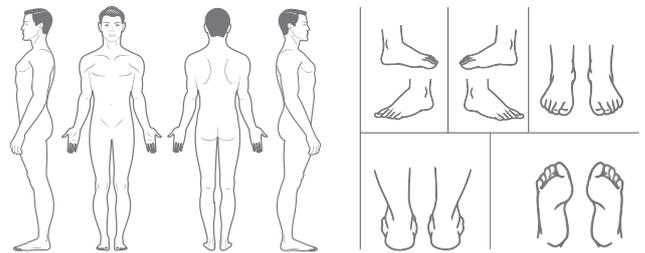
Wound type: _____

Duration of wound: _____

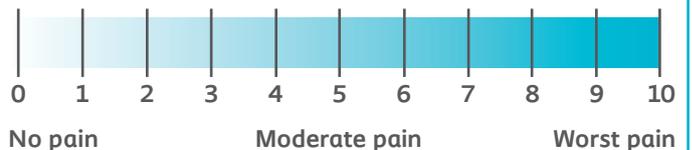
Previous treatments: _____

Size: length _____ mm width _____ mm depth _____ mm

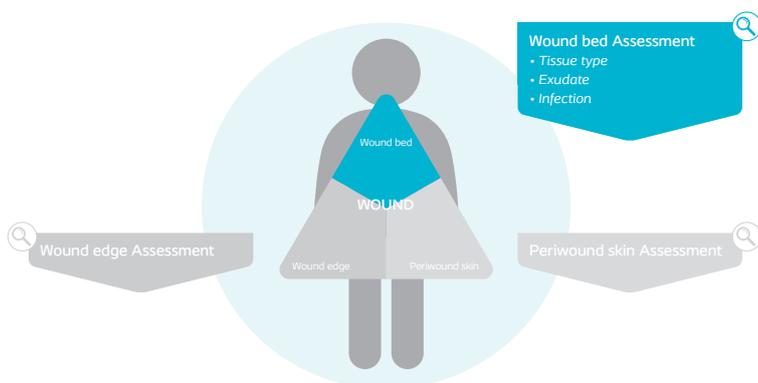
Wound location (please circle wound):



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

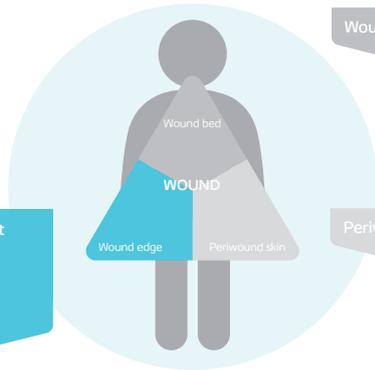
Local
 Increased pain
 Erythema
 Oedema
 Local warmth
 Increased exudate*
 Delayed healing*
 Poor granulation/friable hypergranulation*
 Malodour*
 Pocketsing
 * Suspected biofilm
 (Clinical signs indicating presence of biofilm)

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

* Exudate accumulation in the wound bed



Wound edge assessment



Wound bed Assessment

Periwound skin Assessment

Wound edge Assessment

- Maceration
- Dehydration
- Undermining
- Thickened/rolled edges



Wound edge Wound Assessment

Maceration

Dehydration

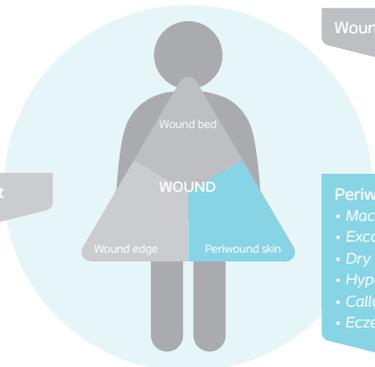
Undermining

Rolled edges

Mark position
Extent: ____ cm



Periwound skin assessment



Wound bed Assessment

Wound edge Assessment

Periwound skin Assessment

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



Periwound skin Wound Assessment

Maceration _____ cm

Excoriation _____ cm

Dry skin _____ cm

Hyperkeratosis _____ cm

Callus _____ cm

Eczema _____ cm

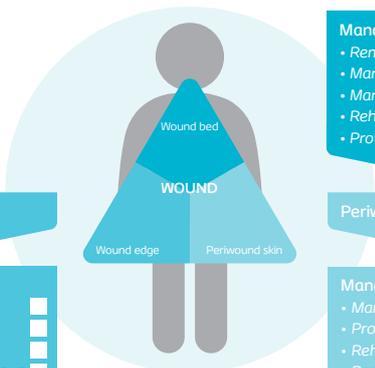
Status

Is the wound: N/A- First visit Deteriorating Static Improving



Management goals

Tick all appropriate management goals



Wound 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 edge Assessment

Management goals

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