

# 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: \_\_\_\_\_

ABPI (if done): \_\_\_\_\_ Date: \_\_\_\_\_

## Wound description

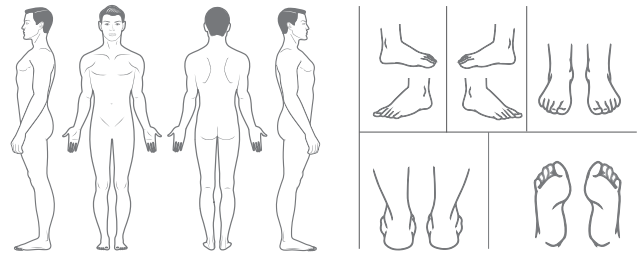
Wound type: \_\_\_\_\_

Duration of wound: \_\_\_\_\_

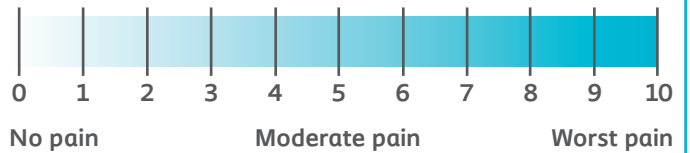
Previous treatments: \_\_\_\_\_

Size: length \_\_\_\_\_ mm width \_\_\_\_\_ mm depth \_\_\_\_\_ mm

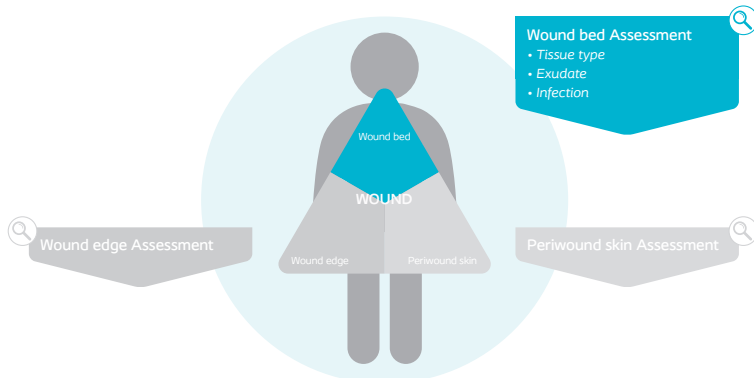
Wound location (please circle wound):



Pain level:



## Wound bed assessment



## Wound bed Assessment

### Tissue type

Necrotic  \_\_\_\_\_ %      Granulating  \_\_\_\_\_ %  
Sloughy  \_\_\_\_\_ %      Epithelialising  \_\_\_\_\_ %

### Exudate

Level  Dry  Low  Medium  High

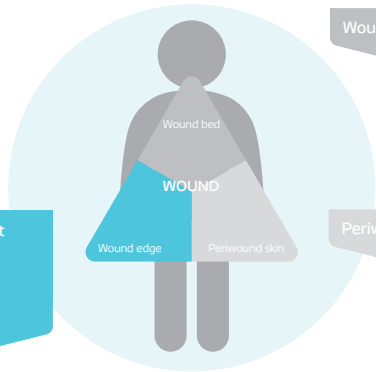
Type  Thin/watery  Cloudy  Thick  
 Purulent  Clear  Pink/red

### Infection

Local	Spreading/systemic
<input type="checkbox"/> Increased pain	<input type="checkbox"/> Increased erythema
<input type="checkbox"/> Erythema	<input type="checkbox"/> Pyrexia
<input type="checkbox"/> Oedema	<input type="checkbox"/> Abscess/pus
<input type="checkbox"/> Local warmth	<input type="checkbox"/> Wound breakdown
<input type="checkbox"/> Increased exudate	<input type="checkbox"/> Cellulitis
<input type="checkbox"/> Delayed healing	<input type="checkbox"/> General malaise
<input type="checkbox"/> Friable granulation tissue	<input type="checkbox"/> Raised WBC count
<input type="checkbox"/> Malodour	<input type="checkbox"/> Lymphangitis
<input type="checkbox"/> Pocketing	



## Wound edge assessment



Wound bed Assessment


Periwound skin Assessment

Wound edge Assessment

- Maceration
- Dehydration
- Undermining
- Thickened/rolled edges

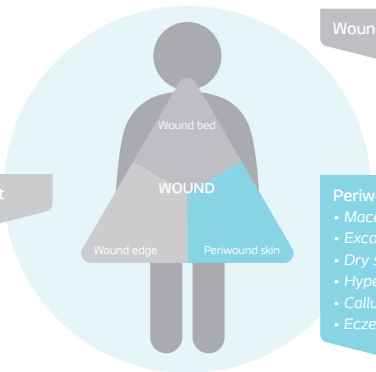


### Wound edge Assessment

- Maceration
- Dehydration
- Undermining   Mark position  
Extent: \_\_\_\_ cm
- Rolled edges



## Periwound skin assessment



Wound bed Assessment

Wound edge Assessment

Periwound skin Assessment

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



### Periwound skin Assessment

- Maceration  \_\_\_\_\_ cm
- Excoriation  \_\_\_\_\_ cm
- Dry skin  \_\_\_\_\_ cm
- Hyperkeratosis  \_\_\_\_\_ cm
- Callus  \_\_\_\_\_ cm
- Eczema  \_\_\_\_\_ cm

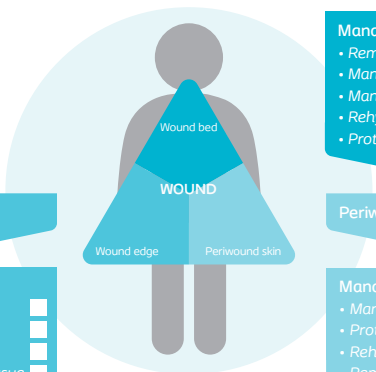
## Status

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: \_\_\_\_\_