

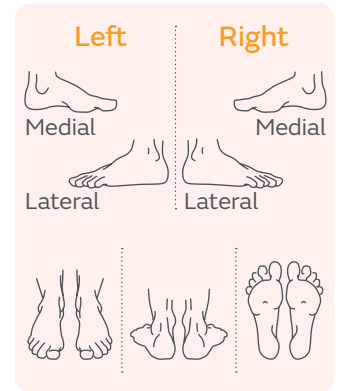
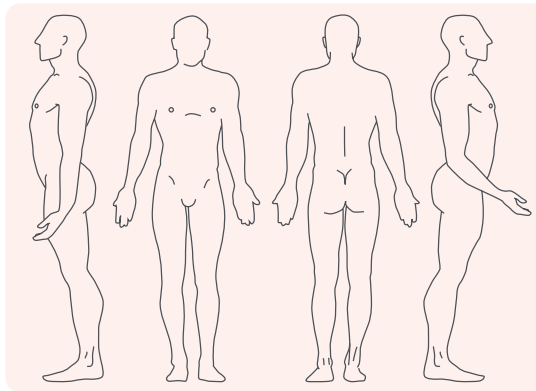
Wound assessment

Location: _____

(Use anatomical figure if needed)

Wound type/aetiology:

- | | |
|--|--|
| <input type="checkbox"/> Pressure | <input type="checkbox"/> Venous |
| <input type="checkbox"/> Stage 1 | <input type="checkbox"/> Arterial |
| <input type="checkbox"/> Stage 2 | <input type="checkbox"/> Neuropathic |
| <input type="checkbox"/> Stage 3 | <input type="checkbox"/> Surgical (intact) |
| <input type="checkbox"/> Stage 4 | <input type="checkbox"/> Surgical (open) |
| <input type="checkbox"/> Unstageable | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Deep tissue pressure injury | <input type="checkbox"/> Partial thickness |
| | <input type="checkbox"/> Full thickness |



Ankle-brachial pressure index (for lower extremity wounds)

Dimensions	Undermining/tunneling (describe according to clock face)		
Length: _____ cm		Undermining #1 depth _____ cm from _____ o'clock to _____ o'clock	
Width: _____ cm		Undermining #2 depth _____ cm from _____ o'clock to _____ o'clock	
Depth: _____ cm		Tunneling #1 depth _____ cm at _____ o'clock to _____ o'clock	
		Tunneling #2 depth _____ cm at _____ o'clock to _____ o'clock	
Surface area Length x Width (from above) _____ cm ²	Wound bed appearance (total %)	Sign/symptoms of biofilm/covert local infection (Check all that apply)	Classic/spreading signs/symptoms of infection (Check all that apply)
Previous assessments surface area _____ cm ²	% _____ granulation	<input type="checkbox"/> Delayed wound healing	<input type="checkbox"/> Fever
	% _____ red/pink with no granulation	<input type="checkbox"/> Friable (easily damaged) granulation	<input type="checkbox"/> Periwound erythema
	% _____ hypergranulation	<input type="checkbox"/> Red/pink wound with no granulation	<input type="checkbox"/> Periwound warmth
	% _____ slough	<input type="checkbox"/> Hypergranulation	<input type="checkbox"/> Increased wound site pain
	% _____ necrotic/eschar	<input type="checkbox"/> Pockets of granulation	<input type="checkbox"/> Increasing odour
	% _____ other _____		

Exudate type	Exudate amount	Wound edge	Periwound skin
<input type="checkbox"/> Serous <input type="checkbox"/> Serosanguinous <input type="checkbox"/> Sanguinous <input type="checkbox"/> Purulent <input type="checkbox"/> Other _____	<input type="checkbox"/> Dry/none <input type="checkbox"/> Low <input type="checkbox"/> Moderate <input type="checkbox"/> High	<input type="checkbox"/> Epithelialisation <input type="checkbox"/> Epibole (rolled) <input type="checkbox"/> Hyperkeratosis/callus <input type="checkbox"/> Other _____	<input type="checkbox"/> Intact <input type="checkbox"/> Edema <input type="checkbox"/> Erythema <input type="checkbox"/> Indurated <input type="checkbox"/> Macerated <input type="checkbox"/> Denuded

Odour	Wound pain	Wound pain level (1=least; 10=greatest)				
<input type="checkbox"/> Absent <input type="checkbox"/> Moderate <input type="checkbox"/> Faint <input type="checkbox"/> Strong	<input type="checkbox"/> None <input type="checkbox"/> Intermittent <input type="checkbox"/> Associated with dressing change <input type="checkbox"/> New pain <input type="checkbox"/> Constant	1	2	3	4	5
		6	7	8	9	10

Wound assessment and treatment discussed with patient and/or carers

Notes: _____

Patient/resident name: _____ Location: _____

Healthcare provider name: _____ Date: _____

Include the following for a holistic approach

- Assess the patient, wellbeing and the wound. Establish diagnosis (aetiology) and baseline characteristics for appropriate support, comorbidities that may impact healing and patient adherence/ concordance to treatment
- Bring in multi-disciplinary team and informal carers to promote holistic patient care. Record referrals to specialists: surgical team, wound specialist nurse, dietician, pain team, vascular, diabetes teams, podiatrist and others
- Control or treat underlying causes and barriers to wound healing. Document management plan for infection, diabetes, nutritional problems, oedema, continence, mobility, vascular issues, pain, stress, anxiety, non-adherence/concordance with offloading and compression and lifestyle choices
- Decide appropriate treatment and determine short-term goals. Follow the T.I.M.E. wound care principles¹ (Schultz, 2003)
- Evaluate and reassess the treatment and wound management outcomes. Evaluate wound progress within given timeline. If not change, go back to A, B, C, and change treatment where indicated