

Surname..... UR.....
 Given Names.....
 DOB..... Gender.....
(Affix patient label here)



This form not required to assess & manage surgical wounds healing by primary intention

Wound Measurements	Assessment 1	Assessment 2
Greatest Width.....mm		
Greatest Lengthmm		
Greatest Depthmm		
Sinus..... mm		

Wound Photographed Yes No N/A

Wound traced Yes No N/A

ATTACH ANY WOUND TRACINGS HERE

Two-dimensional measures – use a paper tape to measure the length and width in millimetres.

The circumference of the wound is traced if the wound edges are not even – often required for chronic wounds

Three-dimensional measures – the wound depth is measured using a dampened cotton tip applicator.

Additional Instructions for Complex Wounds

.....

Plan discussed with parent/carer Parent / carer Signature.....

Surname..... UR.....
 Given Names.....
 DOB..... Gender.....
(Affix patient label here)



Form not required to assess & manage surgical wounds healing by primary intention/ for eczema refer to Eczema treatment Plan

Date of Assessment 1..... Initial Assessment Review Assessment Assessed by.....

Date of Assessment 2..... Assessed by..... *(Print)*

Medication Allergies: Yes No Nil known Skin / Wound Product Sensitivities.....

WOUND CARE ASSESSMENT AND TREATMENT PLAN MR

WOUND HISTORY: <i>(If initial assessment)</i>	Date Admitted.....	Cause of Wound.....
TYPE OF WOUND: <input type="checkbox"/> Acute Surgical Wound <input type="checkbox"/> Trauma Wound <input type="checkbox"/> Burn <input type="checkbox"/> Infected Wound <input type="checkbox"/> Chronic Wound <input type="checkbox"/> Pressure Injury <input type="checkbox"/> Other..... IF PRESSURE INJURY Stage <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	Possible Factors Delaying Healing <input type="checkbox"/> Malnutrition <input type="checkbox"/> Obesity <input type="checkbox"/> Reduced blood supply <input type="checkbox"/> Infection <input type="checkbox"/> Medication <input type="checkbox"/> Chemotherapy <input type="checkbox"/> Underlying disease <input type="checkbox"/> Maceration <input type="checkbox"/> Psychological stress <input type="checkbox"/> Lack of sleep <input type="checkbox"/> Unrelieved pressure <input type="checkbox"/> Immobility <input type="checkbox"/> Patient compliance <input type="checkbox"/> Radiotherapy <input type="checkbox"/> Reduced wound temperature <input type="checkbox"/> Inappropriate wound management	Referrals <input type="checkbox"/> Dietitian Date..... Sign..... <input type="checkbox"/> Stomal Therapy Date..... Sign..... <input type="checkbox"/> Orthotics Date..... Sign..... <input type="checkbox"/> Infection Control Date..... Sign..... <input type="checkbox"/> Social Work Date..... Sign..... <input type="checkbox"/> Mental Health Date..... Sign..... <input type="checkbox"/> Burns Coordinator Date..... Sign..... <input type="checkbox"/> Dermatology Date..... Sign..... <input type="checkbox"/> Plastics Date..... Sign..... <input type="checkbox"/> Infectious Diseases Date..... Sign.....
	Other (Please specify.....)	

FRONT

BACK

RIGHT

LEFT

State Specific Location.....

Step 1 – Assessment (minimum weekly or if change noted)	
<p>Patient’s perception of wound pain (please circle)</p> <p>Pre Dressing (min) 0 1 2 3 4 5 6 7 8 9 10 (max)</p> <p>During Dressing (min) 0 1 2 3 4 5 6 7 8 9 10 (max)</p> <p>Post Dressing (min) 0 1 2 3 4 5 6 7 8 9 10 (max)</p>	
<p>Exudate Amount: Dressing interaction</p> <p><input type="checkbox"/> Dry Primary dressing is unmarked</p> <p><input type="checkbox"/> Moist Primary dressing may be lightly marked</p> <p><input type="checkbox"/> Wet Primary dressing is extensively marked</p> <p><input type="checkbox"/> Saturated Primary dressing is wet & strikethrough is occurring</p> <p><input type="checkbox"/> Leaking Dressing are saturated & exudate is escaping from primary & secondary dressings</p>	
<p>Exudate Type:</p> <p><input type="checkbox"/> Serous (clear, straw coloured)</p> <p><input type="checkbox"/> Haemoserous (pink)</p> <p><input type="checkbox"/> Sanguineous (red)</p> <p><input type="checkbox"/> Purulent (yellow, grey, green)</p> <p>Other.....</p>	
<p>Exudate Consistency:</p> <p><input type="checkbox"/> High viscosity (thick, sometimes sticky)</p> <p><input type="checkbox"/> Low viscosity (thin, “runny”)</p> <p><input type="checkbox"/> Normal (serous)</p> <p><input type="checkbox"/> Other</p>	<p>Exudate Odour:</p> <p><input type="checkbox"/> Nil</p> <p><input type="checkbox"/> Unpleasant (may indicate bacterial growth, infection, necrotic tissue sinus / fistula)</p>
<p>Wound Edge:</p> <p>Colour:</p> <p><input type="checkbox"/> Pink</p> <p><input type="checkbox"/> Dusky</p>	<p>Appearance:</p> <p><input type="checkbox"/> Raised (chronic wounds)</p> <p><input type="checkbox"/> Rolled (chronic wounds)</p> <p><input type="checkbox"/> Contraction (chronic wounds)</p> <p><input type="checkbox"/> Erythema</p>
<p>Surrounding Skin Temperature</p> <p><input type="checkbox"/> Normal</p> <p><input type="checkbox"/> Warm</p> <p><input type="checkbox"/> Cool</p>	<p>Surrounding Skin Appearance</p> <p><input type="checkbox"/> Black/ blue discoloration</p> <p><input type="checkbox"/> Healthy</p> <p><input type="checkbox"/> Dry/flaky</p> <p><input type="checkbox"/> Macerated</p> <p><input type="checkbox"/> Induration</p> <p><input type="checkbox"/> Fragile</p> <p><input type="checkbox"/> Excoriation</p> <p><input type="checkbox"/> Oedema</p> <p><input type="checkbox"/> Eczematous</p> <p><input type="checkbox"/> Cellulitis</p>
<p>Wound Bed: (may tick more than one choice)</p> <p><input type="checkbox"/> Granulating (red) <input type="checkbox"/>25% <input type="checkbox"/>50% <input type="checkbox"/>75% <input type="checkbox"/>100%</p> <p><input type="checkbox"/> Epithelialising (pink) <input type="checkbox"/>25% <input type="checkbox"/>50% <input type="checkbox"/>75% <input type="checkbox"/>100%</p> <p><input type="checkbox"/> Sloughy (yellow) <input type="checkbox"/>25% <input type="checkbox"/>50% <input type="checkbox"/>75% <input type="checkbox"/>100%</p> <p><input type="checkbox"/> Necrotic/ Eschar (black) <input type="checkbox"/>25% <input type="checkbox"/>50% <input type="checkbox"/>75% <input type="checkbox"/>100%</p> <p><input type="checkbox"/> Hypergrannulation (Raised) <input type="checkbox"/>25% <input type="checkbox"/>50% <input type="checkbox"/>75% <input type="checkbox"/>100%</p> <p><input type="checkbox"/> Other.....</p>	
<p>Wound Infection (e.g. pyrexia, localised pain, eruthema, oedema)</p> <p>Swab attended: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</p> <p>Date of swab :</p> <p>Result (if known).....</p>	

Step 2 – Treatment (Do not complete each dressing change)	
<p>1. Analgesia required prior to dressing change?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</p>	
<p>2. Agreed Arrangements for Dressing Change:</p> <p><input type="checkbox"/> Own Bed <input type="checkbox"/> Treatment Room</p> <p><input type="checkbox"/> Chair <input type="checkbox"/> Parent/carer present</p> <p><input type="checkbox"/> Distraction techniques <input type="checkbox"/> Other.....</p> <p>Time Required.....</p> <p>Number of staff required.....</p>	
<p>3. Treatment objectives (may tick more than one choice)</p> <p><input type="checkbox"/> Control Pain <input type="checkbox"/> Reduce Bacteria</p> <p><input type="checkbox"/> Debridement <input type="checkbox"/> Encourage Granulation)</p> <p><input type="checkbox"/> Protection <input type="checkbox"/> Rehydration</p> <p><input type="checkbox"/> Control exudate</p> <p>Other.....</p>	
<p>4. Dressing Frequency</p> <p><input type="checkbox"/> Daily <input type="checkbox"/> 3 x week</p> <p><input type="checkbox"/> 2nd Daily <input type="checkbox"/> Weekly</p> <p><input type="checkbox"/> 2 x week <input type="checkbox"/> Other.....</p>	
<p>5. Cleansing Solution:</p> <p><input type="checkbox"/> Warmed Saline</p> <p><input type="checkbox"/> Warmed Sterile Water</p> <p><input type="checkbox"/> Tap Water</p> <p><input type="checkbox"/> Other.....</p>	<p>6. Cleansing Method:</p> <p><input type="checkbox"/> Swab</p> <p><input type="checkbox"/> Irrigate</p> <p><input type="checkbox"/> Shower</p>
<p>7. Care of surrounding skin: (may tick more than one choice)</p> <p><input type="checkbox"/> Barrier Cream <input type="checkbox"/> Zinc Cream</p> <p><input type="checkbox"/> Moisture Cream <input type="checkbox"/> Steroid Cream</p> <p><input type="checkbox"/> Olive oil <input type="checkbox"/> Vitamin E Cream</p> <p><input type="checkbox"/> Other.....</p>	
<p>8. Primary Dressing:</p> <p><input type="checkbox"/> Synthetic fibre gauze <input type="checkbox"/> Medicated paste or gel</p> <p><input type="checkbox"/> Island dressing <input type="checkbox"/> Semipermeable film dressing</p> <p><input type="checkbox"/> Tulle Gras <input type="checkbox"/> Tulle Gras with antiseptic</p> <p><input type="checkbox"/> Foam <input type="checkbox"/> Calcium Alginate</p> <p><input type="checkbox"/> Hydrocolloid <input type="checkbox"/> Hydrogel</p> <p><input type="checkbox"/> Hydrofibre <input type="checkbox"/> Multilayer absorbent dressing</p> <p><input type="checkbox"/> Silicone dressing <input type="checkbox"/> Hypertonic saline impregnated</p> <p><input type="checkbox"/> Silver dressing <input type="checkbox"/> Odour absorbing dressing</p> <p><input type="checkbox"/> Negative pressure therapy device</p> <p><input type="checkbox"/> Other.....</p> <p>Size..... No of pieces.....</p>	
<p>9. Secondary dressings:</p> <p><input type="checkbox"/> Semipermeable film dressing <input type="checkbox"/> Highly Absorbent Pad</p> <p><input type="checkbox"/> Non-adherent Dressing <input type="checkbox"/> Combine</p> <p><input type="checkbox"/> Foam <input type="checkbox"/> Hydrocolloid</p> <p><input type="checkbox"/> Gauze <input type="checkbox"/> Other.....</p> <p>Size..... No of pieces.....</p>	
<p>10. Tape/ Fixation</p> <p><input type="checkbox"/> Cohesive Bandage <input type="checkbox"/> Orthopaedic casting</p> <p><input type="checkbox"/> Adhesive tape eg mefix <input type="checkbox"/> Paper tape</p> <p><input type="checkbox"/> Tubular Bandage <input type="checkbox"/> Crepe Bandage</p> <p><input type="checkbox"/> Polyacrylate fixation sheet</p> <p><input type="checkbox"/> Other.....</p>	
<p>Refer to additional Instructions on back page <input type="checkbox"/></p> <p>Next assessment and review date:.....</p>	

Step 1 – Assessment (minimum weekly or if change noted)	
<p>Patient’s perception of wound pain (please circle)</p> <p>Pre Dressing (min) 0 1 2 3 4 5 6 7 8 9 10 (max)</p> <p>During Dressing (min) 0 1 2 3 4 5 6 7 8 9 10 (max)</p> <p>Post Dressing (min) 0 1 2 3 4 5 6 7 8 9 10 (max)</p>	
<p>Exudate Amount: Dressing interaction</p> <p><input type="checkbox"/> Dry Primary dressing is unmarked</p> <p><input type="checkbox"/> Moist Primary dressing may be lightly marked</p> <p><input type="checkbox"/> Wet Primary dressing is extensively marked</p> <p><input type="checkbox"/> Saturated Primary dressing is wet & strikethrough is occurring</p> <p><input type="checkbox"/> Leaking Dressing are saturated & exudate is escaping from primary & secondary dressings</p>	
<p>Exudate Type:</p> <p><input type="checkbox"/> Serous (clear, straw coloured)</p> <p><input type="checkbox"/> Haemoserous (pink)</p> <p><input type="checkbox"/> Sanguineous (red)</p> <p><input type="checkbox"/> Purulent (yellow, grey, green)</p> <p>Other.....</p>	
<p>Exudate Consistency:</p> <p><input type="checkbox"/> High viscosity (thick, sometimes sticky)</p> <p><input type="checkbox"/> Low viscosity (thin, “runny”)</p> <p><input type="checkbox"/> Normal (serous)</p> <p><input type="checkbox"/> Other</p>	<p>Exudate Odour:</p> <p><input type="checkbox"/> Nil</p> <p><input type="checkbox"/> Unpleasant (may indicate bacterial growth, infection, necrotic tissue sinus / fistula)</p>
<p>Wound Edge:</p> <p>Colour:</p> <p><input type="checkbox"/> Pink</p> <p><input type="checkbox"/> Dusky</p>	<p>Appearance:</p> <p><input type="checkbox"/> Raised (chronic wounds)</p> <p><input type="checkbox"/> Rolled (chronic wounds)</p> <p><input type="checkbox"/> Contraction (chronic wounds)</p> <p><input type="checkbox"/> Erythema</p>
<p>Surrounding Skin Temperature</p> <p><input type="checkbox"/> Normal</p> <p><input type="checkbox"/> Warm</p> <p><input type="checkbox"/> Cool</p>	<p>Surrounding Skin Appearance</p> <p><input type="checkbox"/> Black/ blue discoloration</p> <p><input type="checkbox"/> Healthy</p> <p><input type="checkbox"/> Dry/flaky</p> <p><input type="checkbox"/> Macerated</p> <p><input type="checkbox"/> Induration</p> <p><input type="checkbox"/> Fragile</p> <p><input type="checkbox"/> Excoriation</p> <p><input type="checkbox"/> Oedema</p> <p><input type="checkbox"/> Eczematous</p> <p><input type="checkbox"/> Cellulitis</p>
<p>Wound Bed: (may tick more than one choice)</p> <p><input type="checkbox"/> Granulating (red) <input type="checkbox"/>25% <input type="checkbox"/>50% <input type="checkbox"/>75% <input type="checkbox"/>100%</p> <p><input type="checkbox"/> Epithelialising (pink) <input type="checkbox"/>25% <input type="checkbox"/>50% <input type="checkbox"/>75% <input type="checkbox"/>100%</p> <p><input type="checkbox"/> Sloughy (yellow) <input type="checkbox"/>25% <input type="checkbox"/>50% <input type="checkbox"/>75% <input type="checkbox"/>100%</p> <p><input type="checkbox"/> Necrotic/ Eschar (black) <input type="checkbox"/>25% <input type="checkbox"/>50% <input type="checkbox"/>75% <input type="checkbox"/>100%</p> <p><input type="checkbox"/> Hypergrannulation (Raised) <input type="checkbox"/>25% <input type="checkbox"/>50% <input type="checkbox"/>75% <input type="checkbox"/>100%</p> <p><input type="checkbox"/> Other.....</p>	
<p>Wound Infection (e.g. pyrexia, localised pain, eruthema, oedema)</p> <p>Swab attended: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</p> <p>Date of swab :</p> <p>Result (if known).....</p>	

Step 2 – Treatment (Do not complete each dressing change)	
<p>1. Analgesia required prior to dressing change?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</p>	
<p>2. Agreed Arrangements for Dressing Change:</p> <p><input type="checkbox"/> Own Bed <input type="checkbox"/> Treatment Room</p> <p><input type="checkbox"/> Chair <input type="checkbox"/> Parent/carer present</p> <p><input type="checkbox"/> Distraction techniques <input type="checkbox"/> Other.....</p> <p>Time Required.....</p> <p>Number of staff required.....</p>	
<p>3. Treatment objectives (may tick more than one choice)</p> <p><input type="checkbox"/> Control Pain <input type="checkbox"/> Reduce Bacteria</p> <p><input type="checkbox"/> Debridement <input type="checkbox"/> Encourage Granulation)</p> <p><input type="checkbox"/> Protection <input type="checkbox"/> Rehydration</p> <p><input type="checkbox"/> Control exudate</p> <p>Other.....</p>	
<p>4. Dressing Frequency</p> <p><input type="checkbox"/> Daily <input type="checkbox"/> 3 x week</p> <p><input type="checkbox"/> 2nd Daily <input type="checkbox"/> Weekly</p> <p><input type="checkbox"/> 2 x week <input type="checkbox"/> Other.....</p>	
<p>5. Cleansing Solution:</p> <p><input type="checkbox"/> Warmed Saline</p> <p><input type="checkbox"/> Warmed Sterile Water</p> <p><input type="checkbox"/> Tap Water</p> <p><input type="checkbox"/> Other.....</p>	<p>6. Cleansing Method:</p> <p><input type="checkbox"/> Swab</p> <p><input type="checkbox"/> Irrigate</p> <p><input type="checkbox"/> Shower</p>
<p>7. Care of surrounding skin: (may tick more than one choice)</p> <p><input type="checkbox"/> Barrier Cream <input type="checkbox"/> Zinc Cream</p> <p><input type="checkbox"/> Moisture Cream <input type="checkbox"/> Steroid Cream</p> <p><input type="checkbox"/> Olive oil <input type="checkbox"/> Vitamin E Cream</p> <p><input type="checkbox"/> Other.....</p>	
<p>8. Primary Dressing:</p> <p><input type="checkbox"/> Synthetic fibre gauze <input type="checkbox"/> Medicated paste or gel</p> <p><input type="checkbox"/> Island dressing <input type="checkbox"/> Semipermeable film dressing</p> <p><input type="checkbox"/> Tulle Gras <input type="checkbox"/> Tulle Gras with antiseptic</p> <p><input type="checkbox"/> Foam <input type="checkbox"/> Calcium Alginate</p> <p><input type="checkbox"/> Hydrocolloid <input type="checkbox"/> Hydrogel</p> <p><input type="checkbox"/> Hydrofibre <input type="checkbox"/> Multilayer absorbent dressing</p> <p><input type="checkbox"/> Silicone dressing <input type="checkbox"/> Hypertonic saline impregnated</p> <p><input type="checkbox"/> Silver dressing <input type="checkbox"/> Odour absorbing dressing</p> <p><input type="checkbox"/> Negative pressure therapy device</p> <p><input type="checkbox"/> Other.....</p> <p>Size..... No of pieces.....</p>	
<p>9. Secondary dressings:</p> <p><input type="checkbox"/> Semipermeable film dressing <input type="checkbox"/> Highly Absorbent Pad</p> <p><input type="checkbox"/> Non-adherent Dressing <input type="checkbox"/> Combine</p> <p><input type="checkbox"/> Foam <input type="checkbox"/> Hydrocolloid</p> <p><input type="checkbox"/> Gauze <input type="checkbox"/> Other.....</p> <p>Size..... No of pieces.....</p>	
<p>10. Tape/ Fixation</p> <p><input type="checkbox"/> Cohesive Bandage <input type="checkbox"/> Orthopaedic casting</p> <p><input type="checkbox"/> Adhesive tape eg mefix <input type="checkbox"/> Paper tape</p> <p><input type="checkbox"/> Tubular Bandage <input type="checkbox"/> Crepe bandage</p> <p><input type="checkbox"/> Polyacrylate fixation sheet</p> <p><input type="checkbox"/> Other.....</p>	
<p>Refer to additional Instructions on back page <input type="checkbox"/></p> <p>Next assessment and review date:.....</p>	