

## Wound Care Assessment and Treatment Chart

UR NUMBER  
SURNAME  
GIVEN NAME(S)  
DATE OF BIRTH  
AFFIX PATIENT LABEL HERE ↑

*Form not required to assess & manage wounds healing by primary intention  
Form not required to assess & manage eczema - refer to Eczema treatment Plan*

Assessment 1.....  Initial Assessment  Review Assessment Assessed by.....  
 \* Assessment 2..... Assessed by.....  
 Medication Allergies:  Yes  No  Nil known Skin / Wound Product Sensitivities.....

<b>WOUND HISTORY:</b> <i>(If initial assessment)</i>	Date Admitted.....	Cause of Wound.....
<b>TYPE OF WOUND:</b>	<b>Possible Factors Delaying Healing</b>	<b>Referrals</b>
<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.....	<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	<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.....
IF PRESSURE INJURY Stage <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	Other (Please specify.....)	

**FRONT**

**BACK**

**RIGHT**

**LEFT**

State Specific Location.....

Wound Care Assessment and Treatment Chart TRIAL

## Wound Care Assessment and Treatment Chart

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Wound Measurements	Assessment 1	Assessment 2
Greatest Width.....mm		
Greatest Length .....mm		
Greatest Depth .....mm		
Sinus..... mm		

**Wound traced**  Yes  No  N/A

**Wound Photographed**  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.....

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

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

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Other.....	
Size.....	No of pieces.....
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