

Wound Assessment Form

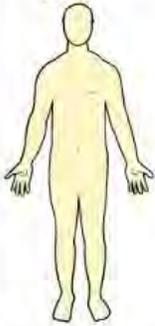
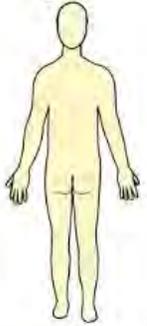
Resident Name: _____ Date: _____

Location: _____

Ophthalmology Tissue Viability Link Nurse Tracy Culkin
Assessment Chart for Wound Management

Patient ID Label

For multiple wounds complete formal wound assessment for each wound. Add Inserts as needed.

Factors which could delay healing: <i>(Please tick relevant box)</i> Immobility <input type="checkbox"/> Poor Nutrition <input type="checkbox"/> Diabetes <input type="checkbox"/> Incontinence <input type="checkbox"/> Respiratory/Circulatory Disease <input type="checkbox"/> Anaemia <input type="checkbox"/> Medication <input type="checkbox"/> Wound Infection <input type="checkbox"/> Inotropes <input type="checkbox"/> Anti-Coagulants <input type="checkbox"/> Oedema <input type="checkbox"/> Steroids <input type="checkbox"/> Chemotherapy <input type="checkbox"/> Other..... Allergies & Sensitivities.....													
Body Diagram <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> Front  </div> <div style="text-align: center;"> Back  </div> </div> <p>Mark location with 'X' and number each wound</p> <table border="0"> <thead> <tr> <th>Type of Wound</th> <th>Total number & duration of each type of wound</th> </tr> </thead> <tbody> <tr> <td>Leg Ulcer</td> <td></td> </tr> <tr> <td>Surgical Wound</td> <td></td> </tr> <tr> <td>Diabetic Ulcer</td> <td></td> </tr> <tr> <td>Pressure Ulcer</td> <td></td> </tr> <tr> <td>Other, specify</td> <td></td> </tr> </tbody> </table>	Type of Wound	Total number & duration of each type of wound	Leg Ulcer		Surgical Wound		Diabetic Ulcer		Pressure Ulcer		Other, specify		Feet Diagram <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> Right  </div> <div style="text-align: center;"> Left  </div> </div> <p>Mark location with 'X' and number each wound</p> <p>Date referred to: TVNPhysiotherapist..... Podiatrist.....Dietician..... Other (i.e. D/Nurse).....</p> <p>Assessors signature:</p> <p>Date:</p>
Type of Wound	Total number & duration of each type of wound												
Leg Ulcer													
Surgical Wound													
Diabetic Ulcer													
Pressure Ulcer													
Other, specify													

Wound Classification:

Wound Color:

Wound Drainage:

Wound Length:

Wound Width:

Wound Depth:

Dressing Type:

Next Dressing Change: _____

Signature of person completing: _____

Comments: _____

Facility RN: _____

Comments: _____