

Wound Assessment form

Date:

Patient Name:

Patient ID:

Assessor Name:

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: Yes No

If yes, units/week:

Co-morbidities: Venous disease Arterial disease
 Diabetes Anaemia

Other:

Medications:

Allergies:

ABPI (*done*): Yes No

If yes, measurement:

Date:



Wound description

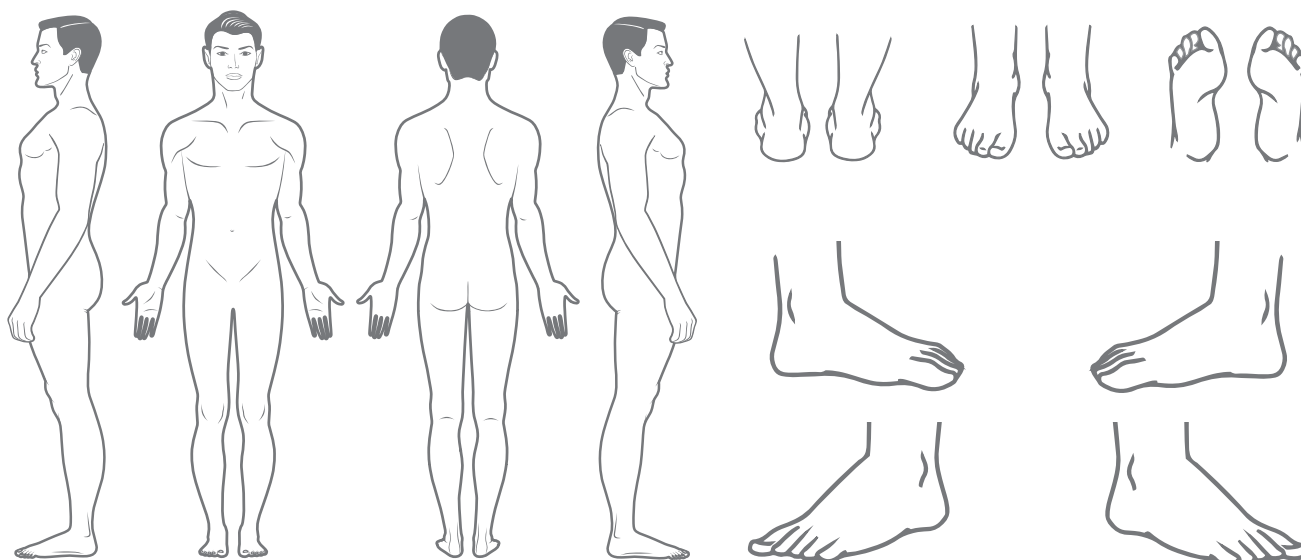
Wound type(s):

Duration of wound(s):

Previous treatment(s):

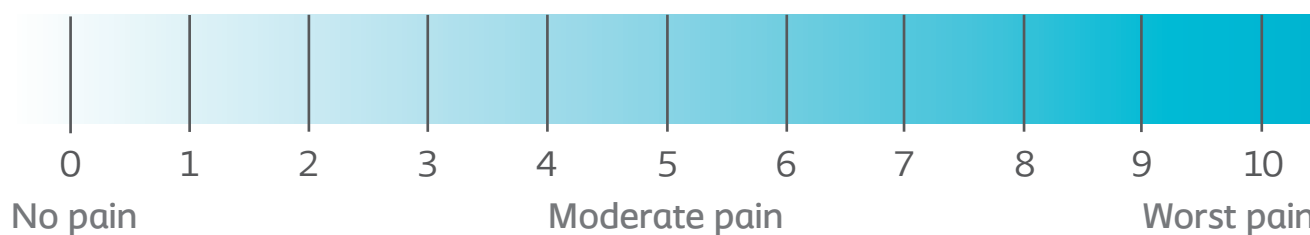
Size: length mm width mm depth mm

Wound location(s):



Information about location(s):

Pain level:



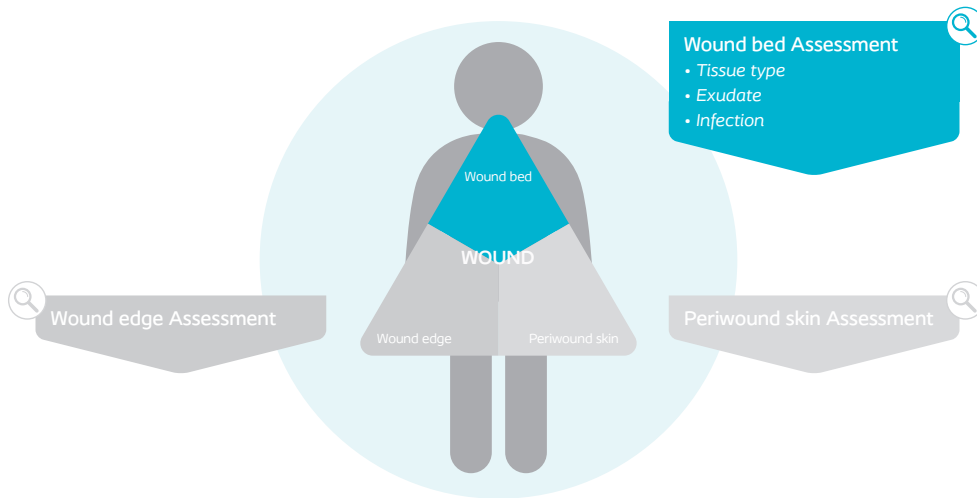
If any pain, is it:

Constant

At dressing changes



Wound bed assessment



Wound bed Assessment

- Tissue type
- Exudate
- Infection



Wound bed Assessment

Tissue type

Nectotic %

Sloughy %

Granulating %

Epithelialising %

Exudate

Level	Dry	Low	Medium	High
Type	<input type="checkbox"/> Thin/watery <input type="checkbox"/> Clear	<input type="checkbox"/> Cloudy <input type="checkbox"/> Pink/red	<input type="checkbox"/> Thick	<input type="checkbox"/> Purulent

Infection

Local

- Increased pain
- Erythema
- Oedema
- Local warmth
- Increased exudate
- Delayed healing
- Friable granulation tissue
- Malodour
- Pocketing

Spreading/systemic

- Increased erythema
- Pyrexia
- Abscess/pus
- Wound breakdown
- Cellulitis
- General malaise
- Raised WBC count
- Lymphangitis

Swab taken: Yes No

If yes, result:

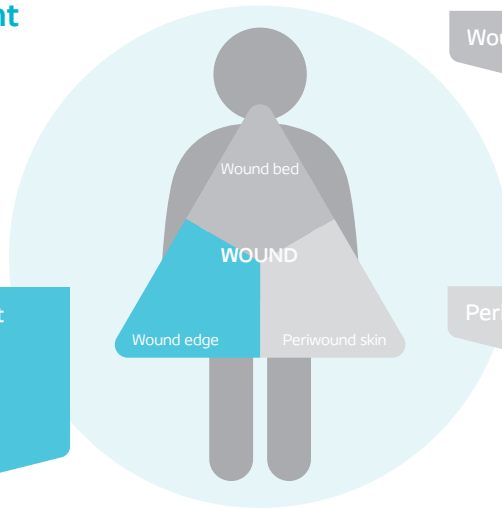
Date:



Wound edge assessment



- Wound edge Assessment**
- Maceration
 - Dehydration
 - Undermining
 - Thickened/rolled edges



Wound bed Assessment 

Periwound skin Assessment 



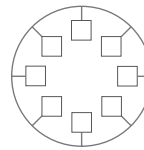
Wound edge Assessment

Maceration

Dehydration

Undermining

Rolled edges



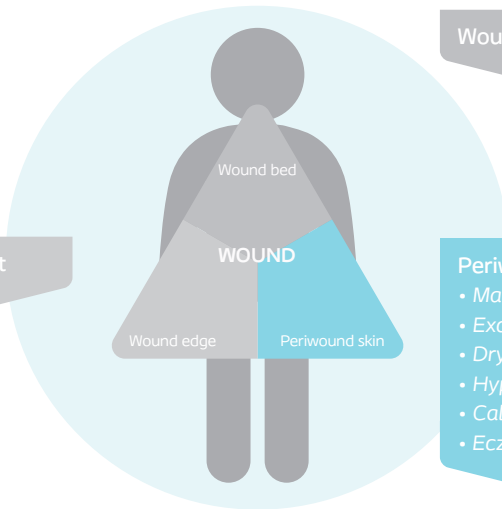
Mark position of undermining
Extent: ____ cm



Periwound skin assessment



Wound edge Assessment



Wound bed 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 edge Assessment



Management goals

- Manage exudate
- Rehydrate wound edge
- Remove non-viable tissue
- Protect granulation/epithelial tissue



Wound bed Assessment



Management goals

- Remove non-viable tissue
- Manage exudate
- Manage bacterial burden
- Rehydrate wound bed
- Protect granulation/epithelial tissue

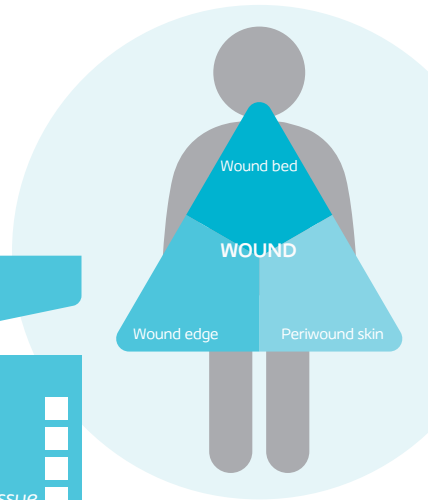


Periwound skin Assessment



Management goals

- Manage exudate
- Protect skin
- Rehydrate skin
- Remove non-viable tissue



Wound Management Goals

Type 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:

Date of reassessment:

Referral needed:

Yes

No

If yes, to who:

Date:

