

WOUND ASSESSMENT & TREATMENT FLOWSHEET

Wound Location:		Month / Year:											
		Day											
		(mm/yyyy)		Time									
Exudate Type [✓] all that apply	Serous												
	Sanguineous												
	Purulent												
	Other:												
Odour	Odour present after cleansing Yes or No												
Wound Edge [✓] all that apply	Attached (flush w/ wound bed or "sloping edge")												
	Non-Attached (edge appears as a "cliff")												
	Rolled (curled under)												
	Epithelialization												
Peri-wound Skin [✓] all that apply	Intact												
	Erythema (reddened) in cm												
	Indurated (firmness around wound) in cm												
	Macerated (white, waterlogged)												
	Excoriated/Denuded (superficial loss of tissue)												
	Callused												
	Fragile												
Other:													
Wound Pain (10 = worst)	Scored from 10 point analogue Pain Scale See Pain Assessment for details		/	/	/	/	/	/	/	/	/	/	/
Treatment	If packing used, indicate # of packing pieces out/in		/	/	/	/	/	/	/	/	/	/	/
	Treatment done as per Treatment Plan												
INITIALS													
VISIT COUNT (Home Care Nursing Only)													

WOUND TREATMENT PLAN

Leave plan in place for ONE week whenever possible. Document rationale for change on the Progress Notes	Date Initiated	Initials	Date D/C	Initials