











WOOND ASSESSINE	IN I & INLA INLA I I LOW SHELI
Wound Start Date:	
	(dd/mm/yyyy)

N	JAS104875A		Mar 05/14	· (0		e: 1 of 2		/			п				
Cu			per wound) Goal	of Care: L	_ тон	еаі	j i o ivia	ıntaın/i\	ion-nea	liable		viaintair	7 Palliat	ive	
	ound Type/Etiol	nav (if known)) \									-			
	Pressure Venous Arterial Diabetic S						☐ Surgical 2° Intent ☐ S					kin Tear			
	Pressure Ulcer, c	hart	age 1	☐ Stage	2	Stage 3 Stage 4									
	ne stage only and		(dd/mm)	_	(do	d/mm)		· ·	(dd/	mm)	$\sqrt{}$	J	(dd/r	nm)	
	change, chart nev age and date.	^N ☐ Sta	age X (unstageable)	(dd/mm)			Stag	e SDTI	(Suspe	cted Dec	p Tissu	e Injury)	/ -l -l /	\	
31	age and date.	NA.	ARK LOCATION O	(/	/III CE	D WITL	1 A NI A I	DDOW	OP AN	"'V"			(dd/mi	m)	
		1017	ARK LOCATION C	JF WOOND	OLCE	n Willi	O AN AI	nnow	OH AIN	^	1 .41			Diales	
Left Right									Left Left			Right			
											My My				
	Legend: X or E	lank Space =	= Not Applicable (a	s per agenc	y) 🗸	= Ass	essed/0	Comple	ted	PN	l = See	Progre	ess Note	es	
W	ound Location:		Month / Y	ear: Day											
			<u> </u>	т.											
	Warrad	I	(mm/yyyy	Time											
	Wound Measurements	Length	$A_{}$												
	in cm	Width	<u> </u>												
	Head	Depth													
R	10/2	Sinus Tract #					ļ								
Y P	9()3	Location (o'c													
Weekly/PRN	8 7 5	Sinus Tract #													
We	Toe	Location (o'c	· · · · · · · · · · · · · · · · · · ·												
	<i>Toe</i> Undermining/ Sinus Tract:	Undermining	•												
	Location corresponds		<u> </u>												
	to face of clock with patient's head at	onaciniiiiig													
	12 o'clock	Location (o'c	clock)												
	position	% Pink/Red													
			on (red pebbly)												
(Wound Bed:	% Slough													
Ι.	Total 9/ must	% Eschar													
Total % must = 100%		<u> </u>	ody (sutures, mesh,												
			g structures (fascia, t	endon, bone)											
		% Not visible)												
		% Other:													
1		None													
E	xudate Amount	Scant/small													
1	[✔] one	Moderate													
L		Large/copiou													
INITIALS															









WOUND ASSESSMENT & TREATMENT FLOWSHEET

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Wound Location:		Month / Year:	Day										
		(mm/yyyy)	Time										
Serous		, ,,,,,,	11110										
Exudate Type	Sanguineous												2
[✓] all that apply	Purulent												
	Other:												
Odour	Odour present afte	r cleansing Y es or N	lo										
	Attached (flush w/ w	ound bed or "sloping o	edge")										
Wound Edge	Non-Attached (edg	e appears as a "cliff	·")										
[✓] all that apply	Rolled (curled unde	er)						•		5			
	Epithelialization												
	Intact												
	Erythema (reddene	ed) in cm											
	Indurated (firmness	s around wound) in o	cm)					
Peri-wound Skin	Macerated (white,	waterlogged)											
[√] all that apply	Excoriated/Denude	ed (superficial loss o	f tissue)										
	Callused				7	5							
	Fragile				2								
	Other:												
Wound Pain (10 = worst)	Scored from 10 po See Pain Assessm	int analogue Pain So ent for details	cale	10	10	10	10	10	10	10	10	10	10
Treatment	If packing used, indic	ate # of packing pieces	s out/in										
	Treatment done as	per Treatment Plan	1										
INITIALS													
VISIT COUNT (Home Care Nursing Only)													
Leave plan in place fo	ONE	WOUND							Date			ate	

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