Wound Assessment form

CLIENT DETAILS

Client Name: ………………………………………………………………………………...
Address/Hospital/Facility: ………………………………………………………………………………...
Date of Birth: ……………………………………… **Age:** …………………………...
Email Address: ………………………………………………………………………………...
Contact No.: ………………………………………………………………………………...

Background Information

Sensitivities/ Allergies:

Health History:

Medical/Surgical History:

Wound History: (if so, any previous diagnostic or investigations)

Psychosocial history:

Nutritional Status:

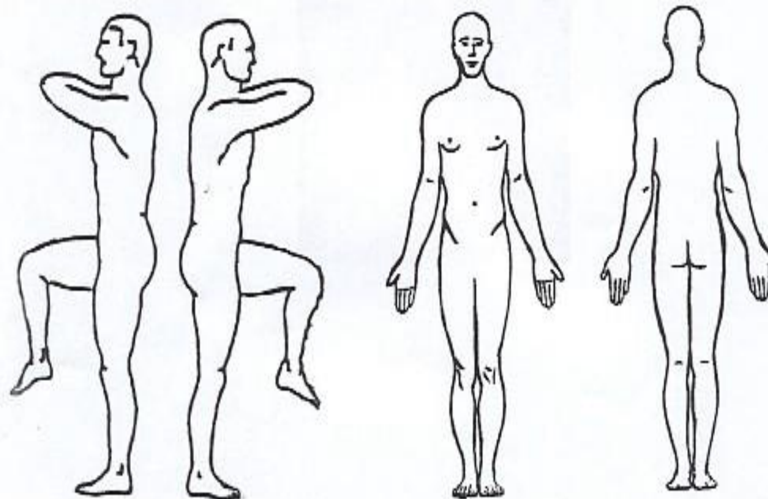
Weight: ………….

Vital Signs: BP …………. **P**…………… **T** …………… **. Oxygen saturations**………….

Pain:

(Insert attachment of photo here…)	**Browse**

WOUND DETAILS – Please mark on the diagrams where the wound/s are located



ASSESSMENT

What type of wound do you think it is?

How long has the wound been present?

Wound measurements: Length ……….. Width………… Depth……………..

Describe the Wound Base: (Agranular, granular, epithelium, slough, necrosis, eschar, bone, tendon, fibrin, presence of foreign bodies)

Describe the wound edge: (Level, raised, rolled, undermined, colour)

describe the surround wound: (Erythema, oedema, induration, macerated, disiccation, dermatitis, eczema, callua, hyperkeratosis, pigmentation, allergic reaction)

Is there any odour present?

Do you think the wound is infected? Classic signs and symptoms – pain, heat erythema, oedema, purulence Convert infection –critical colonisation, local infection, increased bacterial burden, signs and symptoms – static healing, rolled edges, changes in granulation tissue eg bright friable hypergranulation or pocketing, bridging of tissues, increased exudate or discomfortSpreading infection – involvement or adajecent or regional structures eg cellulitis Systemic infection – systemic signs and symptoms may include loss of appetite, general malaise, pyrexia, increaesd white blood cells, raised c- reactive protein.

Does the wound cause any pain?

What is the current Management Plan

Dressing Frequency	
Cleansing Agent	
Primary Dressing	
Secondary Dressing	.
Surrounding skin	
Goal of Therapy	

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