|  |  |
| --- | --- |
| **Name:** | **Date:** |
| Mark each individual wound location on the body map | **Relevant Service User History** (circle relevant information)  **Medications**: Steroids / Anti-inflammatory / Anticoagulants / Cytotoxic  **Conditions:** Diabetes / Rheumatoid Arthritis / Peripheral Vascular Disease / Anaemia  **Mobility**: Good / Limited / Poor  **Nutritional Status**: Poor / Limited / Good / NBM / PEG  **Incontinence:** Urinary / Faecal / Nil  **Waterlow/Braden Score on day of assessment:** ………………………………………………………….  **Allergies**: ………………………………………………………………………………………………………………………  **Other**: …………………………………………………………………………………………………………………………..  ………………………………………………………………………………………………………………………………………  ………………………………………………………………………………………………………………………………………  ………………………………………………………………………………………………………………………………………  ……………………………………………………………………………………………………………………………………… |
| **Type of Wound: (please circle appropriate)** | |
| |  |  | | --- | --- | | Pressure Sore Grade 1 2 3 4 | Ungradable | | Traumatic | Ulcer | | Surgical | Burn | | Sinus/Fistula | Moisture lesion | | Malignant | Other |   **Date of onset:** | |
| **Comments (including action taken):** | |
|  | |
| **Dressing plan (including primary & secondary dressing):** | |
|  | |
| **Completed by:** | |
| Name Signature Role Date | |

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Wound Assessment Chart** | | | | | | | | | | | |
| **Date performed** | **Photo taken (Y/N)** | **Area**  **R** - red  **O** - open  **OD** - odorous | **Exudate**  **N** - none  **M** - moderate  **H** - heavy | **Tissue**  **H** - healthy  **S**- slough  **N** -necrotic | **Pain**  **N** - none  **O** - on dressing  **C** - continuous | **Dimensions**  **W** - width  **L** - length  **D** - depth | | | **Comments** | **Initials** | **Date** |
| **W** | **L** | **D** |
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