|  |  |
| --- | --- |
| **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)**  |
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| --- | --- |
| 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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