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| **IDENTIFY WOUND**Where is the woundHow it occurred if knownPerson aware and PoA/NoK informed |

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| **COMPLETE WOUND CARE CHART**Photograph of the wound with residents’ consent. If no capacity to have best interest form completedBody map completedInform D/NWhat grade or is it unclassified (information gained from D/N)Complete Waterlow and MUST score |

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| **WOUND CARE PLAN/RISK ASSESSMENT**Ensure that this is up to date with information of where the wound isHow dressing is being managedHow often is dressing required by D/NContact made with GP – is pain relief needed? Is there a clear pressure relieving plan in place? |

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| **REFERRAL TO CQC**This should be completed if wound Grade 3 or aboveAdult concern form sent if any element of neglect (also check local policy guidance) |

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| **WOUND CARE CHART**To complete on review date by D/N.Information documented on D/N notes.D/N to pass on information to person in charge |

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| **WEIGHT**Check for good nutritional intake for wound healing.Check care plan |

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| **REFERRAL TO DIETICIAN IF REQUIRED**Look on contacts and has the information been shared with staff and kitchen |

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**Contact numbers for GP / D/N:**