# **Weekly Wound Care Audit – Nursing**

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **Date Checked** | **Resident’s Initials** | **Area of Wound** | **Documents in Place (tick)** | | **Actions to Take** | **Responsible Person** | **Date Completed** |
|  |  |  | Front Sheet  Care Plan & Notes  Wound Chart & Body Map  Current Photographs  Consent Forms  Family Contact Sheet |  |  |  |  |
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