|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **AUDIT COMMENTS** | **DATE AUDITED** | **ACTIONS REQUIRED/GENERAL COMMENTS** | **PERSON RESPONSIBLE** | **DATE COMPLETED** |
| * All forms are for current wounds * Healed wound forms have been archived * All wounds reviewed appropriately (photos and measured) * All wound care and dressing guidance is clear and followed * Dressings changed when required * Care plans reviewed * Treatment review response in place * TVN referral completed if necessary |  |  |  |  |