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| **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* Healed wound forms have been archived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
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