

# Assessment Chart for Wound Management

CLIENT DETAILS	
Surname .....	Client No .....
Names .....	Sex.....
DOB .....	
Location.....	

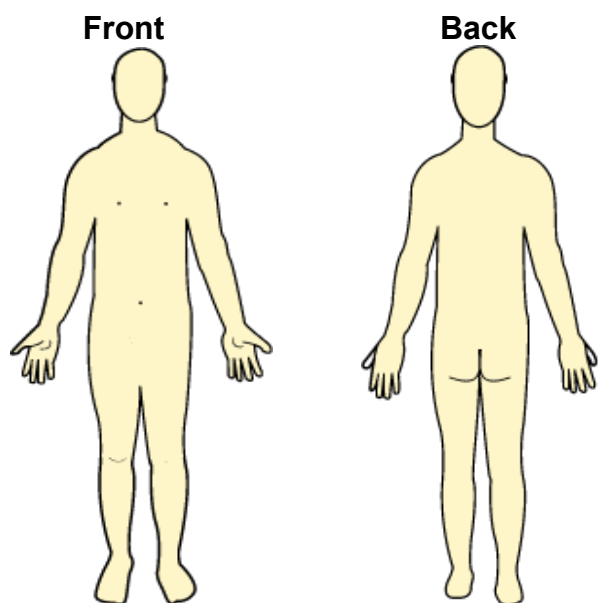
For multiple wounds complete formal wound assessment for each wound. Add Inserts as needed.

### Factors which could delay healing:

*(Please tick relevant box)*

Immobility	<input type="checkbox"/>	Poor Nutrition	<input type="checkbox"/>	Diabetes	<input type="checkbox"/>	Incontinence	<input type="checkbox"/>
Respiratory/Circulatory Disease	<input type="checkbox"/>	Anaemia	<input type="checkbox"/>	Medication	<input type="checkbox"/>	Wound Infection	<input type="checkbox"/>
Inotropes	<input type="checkbox"/>	Anti-Coagulants	<input type="checkbox"/>	Oedema	<input type="checkbox"/>	Steroids	<input type="checkbox"/>
Chemotherapy	<input type="checkbox"/>	Other.....		Allergies & Sensitivities.....			

### Body Diagram



Mark location with 'X' and number each wound

Type of Wound	Total number & duration of each type of wound
Leg Ulcer .....	
Surgical Wound .....	
Diabetic Ulcer .....	
Pressure Ulcer .....	
Other, specify .....	

### Feet Diagram



Mark location with 'X' and number each wound

**Date referred to:**

TVN .....Physiotherapist.....

Podiatrist.....Dietician.....

Other (please specify).....

**Assessors signature:** .....

**Date:** .....

# Formal Wound Assessment

Complete on initial assessment and thereafter complete at every dressing change

Date of Assessment									
Number of wound									
<b>Analgesia required</b>	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No
Regular/ongoing analgesia									
Pre-dressing only									
<b>Wound Dimensions (enter size)</b>									
Length (cm/mm)									
Width (cm/mm)									
Depth (cm/mm)									
Or trace wound circumference									
Is wound tracking/undermining									
Photography									
<b>Tissue type on wound bed ( enter percentages)</b>									
Necrotic (Black)									
Sloughy (Yellow/Green)									
Granulating (Red)									
Epithelialising (Pink)									
Hypergranulating (Red)									
Haematoma									
Bone/tendon									
<b>Wound exudate levels/ type (tick all relevant boxes)</b>									
Low									
Moderate									
High *									
Serous (Straw)									
Haemoserous (Red/Straw)									
Purulent (Green/Brown/Yellow)*									
<b>Peri-wound skin (tick relevant boxes)</b>									
Macerated (White)									
Oedematous *									
Erythema (Red)*									
Excoriated (Red)									
Fragile									
Dry/scaly									
Healthy/intact									
<b>Signs of Infection * 1 or more of these signs may indicate possible infection</b>									
Heat *									
New slough/necrosis(deteriorating wound bed)*									
Increasing pain*									
Increasing exudate*									
Increasing odour*									
Friable granulation tissue*									
<b>Treatment objectives (tick relevant box)</b>									
Debridement									
Absorption									
Hydration									
Protection									
Palliative / conservative									
Reduce bacterial load									
<b>Assessors Print Initials</b>									
<b>Dressing Renewed (planned or unplanned dressing change)</b>									
<b>Re-assessment date</b>									

## Wound Treatment Plan and Evaluation of Care

To be completed when treatment or dressing type / regime altered

**NB Please write clearly**

Date	Wound Number	Cleansing Method, Dressing Choice & Rationale	Frequency	Evaluation & Rationale for changing dressing type	Signature