

Complete one form for each wound.

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13/07/2022

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This template is intended for use in Health Services in Loddon Mallee region of Victoria covered the Regional Wounds Victoria Program.

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Contact information and other details available at: https://www.regionalwoundsvictoria.com/loddon-mallee

**Describe Wound Location:** Wound No. L R R R R R Wound on No []Yes →Lower limb assessment required - including screening for PAD, neuropathy, CVI & lymphoedema. lower limb? Results: [] In progress notes [] Attached to file Not available →Arrange podiatrist/nurse competent in this area to complete & forward results. Arrangements Made: Skin Tear **Common Lower Limb Ulcers** Wound type Pressure Injury (PI) Other: Select one only ISTAP Stage / Category [] Venous/lymphatic [] Surgical - Open [] Surgical - Closed (primary intention) Category []1 [] Arterial/ischaemic [] Trauma (other than skin tear) VHIMS ID []2 [] Mixed arterial/venous [] Fistula [] Abscess [] Drain tube [] Pilonidal sinus []1 []3 [] Neuropathic [] Other MASD (Moisture assoc. skin damage) [ ] 2 [] IAD [] Neuro-ischaemic []Burn []Radiation skin reaction []3 []4 [] Unstageable [] Atypical wound diagnosed: Not required [] Suspected DTI [] Malignant Other Type: [] Mucosal ] Undiagnosed (refer to specialist service) Allergies/ Include topical products including dressings: Sensitivities Photography [] Consent for clinical imaging form completed Date: 1 Date first occurred: How did it start? [] Surgery (state type below) Wound history [] Other: State Below Or estimate duration: Healing may be [] Diabetes [] Malnutrition []Oedema [] Radiotherapy [] Prednisolone / other steroids affected by: [] Stress/Pain [] Smoking [] Anaemia [] Chemotherapy ] Other: [] GP/ Practice Nurse [] District Nursing [] Specialty Wound Service / CNC / NP Previously []n/a – new wound managed by: []Self [] Family Details: Overall [ ] Acute wound > (Occurred suddenly, no infection or delayed healing): Heal within 2 weeks Goals [] Hard-to-heal wound (All non-acute wounds) → [] Heal [] Maintain [] Manage symptoms only (non-healable) Goal Wound bed moisture: [] Moist or [] Dry→ Rationale: [] Epithelialised / healed [] Maintain stable eschar **Wound Bed:**  $[] \downarrow$  slough/necrotic eschar  $[] \downarrow$  periwound moisture damage [] Improve hydration Interim  $|\downarrow$  infection [] New epithelial tissue at edges Goals: [] ↓ hyperkeratosis / improved hydration Region:  $[] \downarrow$  oedema  $[] \downarrow$  rash/inflammation Wellbeing: []  $\downarrow$  malodour []  $\downarrow$  leakage [] Other: Podiatry [] Dietitian [] OT [] Specialty wound service / CNC / NP [] Requested GP to refer to medical specialist New woundrelated referrals Details / other referrals: Additional assessment information recorded in progress notes

Small wounds on the same body part, with the same aetiology and treatment may be recorded as a single wound on a single form



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AS	SESSMENT at each dressing change	 Highlighed	d rows =	indicators	of possible	infection	
	Previous dressing was: Date:						
ē	Dry: (Unmarked) 🗸						
Exudate Level	Moist: (Lightly marked)						
Ite	Wet: (Heavily marked)						
nda	Saturated: (Saturated /strikethrough) 🗸						
ĔĂ	Leaking: (Exudate escaping)						
	Exudate level increasing						
	Serous 🗸						
Type	Serosanguineous 🗸						
Ţ	Sanguineous 🗸						
ate	Seropurulent 🗸						
Exudate	Purulent 🗸						
ы	Haemopurulent 🗸						
	Other:						
ğ	Granulating / Epithelialising (%)						
uno	Slough (%)						
of Wound	Necrosis (%)						
	Foreign body – type: (%)						
as	Other – types: (%)						
at Base	Hypergranulation (%)						
	Bleeding / friable granulation						
Tissue	Pocketing in granulation						
⊢	Epithelial bridging 🗸 🗸						
	Level and attached 🗸						
e	Rolled 🗸						
Edge	Undermined 🗸						
	Inflamed 🗸						
	Other:			-			
	Healthy & intact 🗸						
	MASD (moisture assoc. skin damage) 🗸						
	Dry 🗸						
pur	Scaly / Hyperkeratosis						
Nol	Oedema ✓						
Periwou	Lymphorrhoea (leaking lymphatic fluid) 🗸						
٩	Erythema ✓ Induration ✓						
	Increased heat						
	Other:						
Dur	Nil / Mild						
ğ	Moderate ✓						
Malodour	Severe: Extends outside of room						
2	Increasing malodour 🗸						
	Worst since previous dressing         /10           West during a dressing share at the second state.         (42)						
Pain	Worst during dressing change /10						
Δ	Waking at night due to pain?/10New or increasing pain✓						



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		Date:				
	Measure &	Max length (cm)				
	photograph	Max width (cm)				
	[] Weekly	Max depth (cm)				
ıts	(Healable wounds should	[] Undermining / [] Tunnelling				
Measurements	be measured & photographed	Indicate "clock-face" direction from wound edge & length in cm from edge of wound. Head = 12 o'clock				
Meas	[] Other:	E.g. $\xrightarrow{3 \text{ cm}}{2 \text{ cm}}$				
	If lower limb	L) ankle (cm)				
	wounds:	L) calf (cm)				
		R) ankle (cm)				
		R) calf (cm)				
		Healed ✓				
Ev	aluation of	Improved 🗸				
	Progress	No significant change 🛛 🗸				
	riogress	Deteriorated 🗸				
		See progress notes P				
		Signature				

#### **Treatment Plans**

	Date commenced:	11	by Name:		Signature:	Desig:			
	Rationale for altering treatment plan n/a: First plan Continuation - plan unchanged	[] Other	[] saturate problem:	U U	[] Becoming	g dislodged			
	Frequency	[]Weekl	y []Daily	[] Other:	Change earlier if s	aturated, leaking or dislodged			
Plan	Analgesia / Pain Management								
	Regional Care (e.g. entire lower limb)	Hygiene - [] Bag for shower [] Disposable bath wipes [] Other: [] Apply cream / ointment / lotion - Type:							
	Periwound (protection from exudate)	[] Apply protective barrier - Type:							
lent	Cleansing (antimicrobial/surfactant for all hard-to-heal wounds)	Solution: [] Antimicrobial/surfactant → Type: Soak time: [] Other:							
Treatment	Debridement (including wound edge)	<ul> <li>[ ] Debridement contraindicated → Maintain dry, stable eschar</li> <li>[ ] Autolytic debridement → See dressings in plan below</li> <li>[ ] Mechanical debridement → Type: Frequency:</li> <li>[ ] CSWD → Performed by: Frequency:</li> </ul>							
	Primary Dressing - directly on wound bed:								
	Secondary Dressing – over primary dressing								
	Fixation / Compression / Offloading								
	Forward Planning:								
	Date ceased:	11	by Name:	S	ignature	Desig:			
7	Date above dressing / plan attended:								
<b>J</b>	Debridement attended (as per plan) = D								
ပိ	Variance to above plan = V								
Record	Further details in progress notes = P								
	Signature:								



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			1							
	Date commenced:		by Name:			ature:		Desig:		
	Rationale for altering treatment plan		[] Dehydra					ion		
	n/a: 🦲 First plan	Dressing: [] saturated/leaking [] Becoming dislodged								
	Continuation - plan unchanged	[] Other problem:								
	Frequency	[] Weekly [] Daily [] Other: Change earlier if saturated, leaking or dislodged								
	Analgesia / Pain Management									
Plan	Regional Care (e.g. entire lower limb)	Hygiene - [] Bag for shower [] Disposable bath wipes [] Other: [] Apply cream / ointment / lotion - Type:								
Δ.	Periwound (protection from exudate)	a vlaaA []	protective ba	rrier - Type:						
							Soak time	<u>.</u>		
Treatment	Cleansing (antimicrobial/surfactant for all hard-to-heal wounds)	[	[] Other:							
	Debridement (including wound edge)	<ul> <li>[ ] Debridement contraindicated → Maintain dry, stable eschar</li> <li>[ ] Autolytic debridement → See dressings in plan below</li> <li>[ ] Mechanical debridement → Type: Frequency:</li> <li>[ ] CSWD → Performed by: Frequency:</li> </ul>								
	Primary Dressing - directly on wound bed:									
	Secondary Dressing – over primary dressing									
	Fixation / Compression / Offloading									
	Forward Planning:									
	Date ceased:	11	by Name:		Signa	ture	D	esig:		
	Date above dressing / plan attended:	, ,	by Name.		olgita	luie		coly.		
σ	Debridement attended (as per plan) = $D$									
0										
Ŏ	Variance to above plan = V									
Record	Further details in progress notes = P									
	Signature:									
_										
	Date commenced:		by Namo:		Sign	aturo:		Dosia		
	Date commenced: Rationale for altering treatment plan n/a: First plan	Dressing:	by Name: [ ] Dehydra [ ] saturated	ted/dressing	adhered [			Desig: ion		
	Rationale for altering treatment plan	Wound: Dressing: [] Other p	[ ] Dehydra [ ] saturated problem:	ted/dressing d/leaking	adhered [ [	] New/incre ] Becomin	eased infecti g dislodged	ion		
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