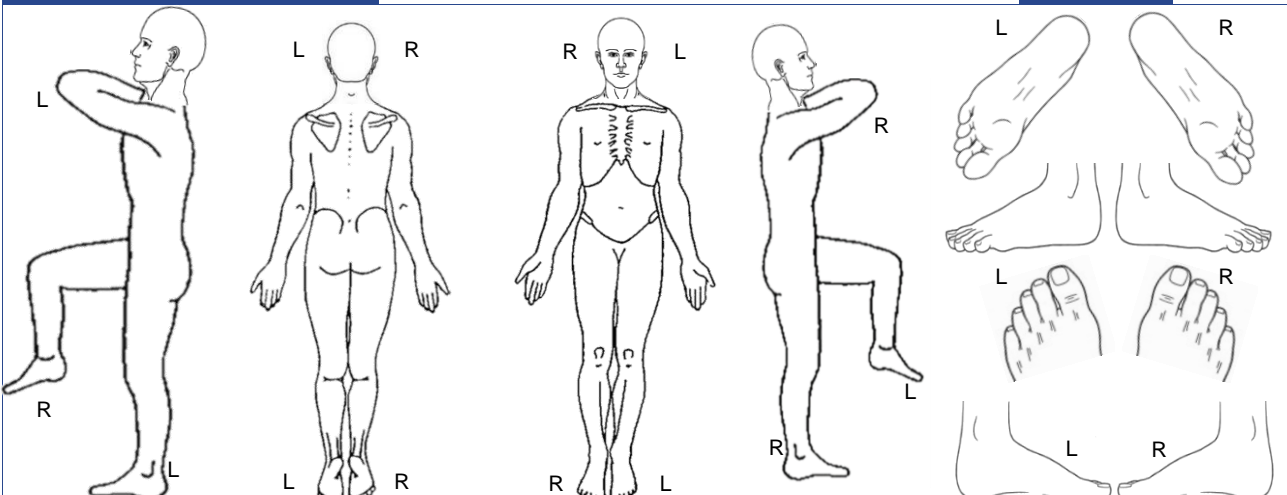


# Wound Management

Complete one form for each wound.

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

Describe Wound Location:	Wound No.								
									
<p><b>Wound on lower limb?</b></p>	<p><input type="checkbox"/> No <input type="checkbox"/> Yes → Lower limb assessment required - including screening for PAD, neuropathy, CVI &amp; lymphoedema.</p> <p><b>Results:</b> <input type="checkbox"/> In progress notes <input type="checkbox"/> Attached to file  <input type="checkbox"/> Not available → Arrange podiatrist/nurse competent in this area to complete &amp; forward results.</p> <p><b>Arrangements Made:</b></p>								
<p><b>Wound type</b> Select one only</p> <p><b>VHIMS ID</b></p> <div style="border: 1px solid black; width: 100px; height: 20px; margin-bottom: 5px;"></div> <p><input type="checkbox"/> Not required</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="background-color: #003366; color: white;">Skin Tear</th> <th style="background-color: #003366; color: white;">Pressure Injury (PI)</th> <th style="background-color: #003366; color: white;">Common Lower Limb Ulcers</th> <th style="background-color: #003366; color: white;">Other:</th> </tr> </thead> <tbody> <tr> <td style="background-color: #003366; color: white;"> <b>ISTAP Category</b>  <input type="checkbox"/> 1  <input type="checkbox"/> 2  <input type="checkbox"/> 3  <input type="checkbox"/> Unstageable  <input type="checkbox"/> Suspected DTI  <input type="checkbox"/> Mucosal                 </td> <td style="background-color: #003366; color: white;"> <b>Stage / Category</b>  <input type="checkbox"/> 1  <input type="checkbox"/> 2  <input type="checkbox"/> 3  <input type="checkbox"/> 4                 </td> <td style="background-color: #003366; color: white;"> <input type="checkbox"/> Venous/lymphatic  <input type="checkbox"/> Arterial/ischaemic  <input type="checkbox"/> Mixed arterial/venous  <input type="checkbox"/> Neuropathic  <input type="checkbox"/> Neuro-ischaemic                 </td> <td style="background-color: #003366; color: white;"> <input type="checkbox"/> Surgical – Open <input type="checkbox"/> Surgical - Closed (primary intention)  <input type="checkbox"/> Trauma (other than skin tear)  <input type="checkbox"/> Fistula <input type="checkbox"/> Abscess <input type="checkbox"/> Drain tube <input type="checkbox"/> Pilonidal sinus  <input type="checkbox"/> IAD <input type="checkbox"/> Other MASD (Moisture assoc. skin damage)  <input type="checkbox"/> Burn <input type="checkbox"/> Radiation skin reaction  <input type="checkbox"/> Atypical wound diagnosed:  <input type="checkbox"/> Malignant <input type="checkbox"/> Other Type:  <input type="checkbox"/> Undiagnosed (refer to specialist service)                 </td> </tr> </tbody> </table>	Skin Tear	Pressure Injury (PI)	Common Lower Limb Ulcers	Other:	<b>ISTAP Category</b> <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> Unstageable <input type="checkbox"/> Suspected DTI <input type="checkbox"/> Mucosal	<b>Stage / Category</b> <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> Venous/lymphatic <input type="checkbox"/> Arterial/ischaemic <input type="checkbox"/> Mixed arterial/venous <input type="checkbox"/> Neuropathic <input type="checkbox"/> Neuro-ischaemic	<input type="checkbox"/> Surgical – Open <input type="checkbox"/> Surgical - Closed (primary intention) <input type="checkbox"/> Trauma (other than skin tear) <input type="checkbox"/> Fistula <input type="checkbox"/> Abscess <input type="checkbox"/> Drain tube <input type="checkbox"/> Pilonidal sinus <input type="checkbox"/> IAD <input type="checkbox"/> Other MASD (Moisture assoc. skin damage) <input type="checkbox"/> Burn <input type="checkbox"/> Radiation skin reaction <input type="checkbox"/> Atypical wound diagnosed: <input type="checkbox"/> Malignant <input type="checkbox"/> Other Type: <input type="checkbox"/> Undiagnosed (refer to specialist service)
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<p><b>Allergies/ Sensitivities</b></p> <p><b>Photography</b></p>	<p>Include topical products including dressings:</p> <p><input type="checkbox"/> Consent for clinical imaging form completed Date: / /</p>								
<p><b>Wound history</b></p>	<p><b>Date first occurred:</b> / / <b>How did it start?</b> <input type="checkbox"/> Surgery (state type below) <input type="checkbox"/> Other: State Below</p> <p>Or estimate duration:</p>								
<p><b>Healing may be affected by:</b></p>	<p><input type="checkbox"/> Diabetes <input type="checkbox"/> Malnutrition <input type="checkbox"/> Oedema <input type="checkbox"/> Radiotherapy <input type="checkbox"/> Prednisolone / other steroids  <input type="checkbox"/> Smoking <input type="checkbox"/> Stress/Pain <input type="checkbox"/> Anaemia <input type="checkbox"/> Chemotherapy <input type="checkbox"/> Other:</p>								
<p><b>Previously managed by:</b></p>	<p><input type="checkbox"/> n/a – new wound <input type="checkbox"/> GP/ Practice Nurse <input type="checkbox"/> District Nursing <input type="checkbox"/> Specialty Wound Service / CNC / NP  <input type="checkbox"/> Self <input type="checkbox"/> Family Details:</p>								
<p><b>Goals</b></p>	<p><b>Overall Goal</b> <input type="checkbox"/> Acute wound → (Occurred suddenly, no infection or delayed healing): Heal within 2 weeks  <input type="checkbox"/> Hard-to-heal wound (All non-acute wounds) → <input type="checkbox"/> Heal <input type="checkbox"/> Maintain <input type="checkbox"/> Manage symptoms only (non-healable)</p> <p><b>Interim Goals:</b>  <b>Wound bed moisture:</b> <input type="checkbox"/> Moist or <input type="checkbox"/> Dry → Rationale: <input type="checkbox"/> Epithelialised / healed <input type="checkbox"/> Maintain stable eschar  <b>Wound Bed:</b> <input type="checkbox"/> ↓ slough/necrotic eschar <input type="checkbox"/> ↓ periwound moisture damage <input type="checkbox"/> Improve hydration  <input type="checkbox"/> ↓ infection <input type="checkbox"/> New epithelial tissue at edges  <b>Region:</b> <input type="checkbox"/> ↓ oedema <input type="checkbox"/> ↓ rash/inflammation <input type="checkbox"/> ↓ hyperkeratosis / improved hydration  <b>Wellbeing:</b> <input type="checkbox"/> ↓ pain <input type="checkbox"/> ↓ malodour <input type="checkbox"/> ↓ leakage <input type="checkbox"/> Other:</p>								
<p><b>New wound-related referrals</b></p>	<p><input type="checkbox"/> Podiatry <input type="checkbox"/> Dietitian <input type="checkbox"/> OT <input type="checkbox"/> Specialty wound service / CNC / NP <input type="checkbox"/> Requested GP to refer to medical specialist                  Details / other referrals:</p>								
<p><input type="checkbox"/> Additional assessment information recorded in progress notes</p>									



# Wound Management

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

ASSESSMENT at each dressing change			Highlighted rows = indicators of possible infection					
	Previous dressing was:	Date:						
Exudate Level	Dry: (Unmarked)	✓						
	Moist: (Lightly marked)	✓						
	Wet: (Heavily marked)	✓						
	Saturated: (Saturated /strikethrough)	✓						
	Leaking: (Exudate escaping)	✓						
	Exudate level increasing	✓						
Exudate Type	Serous	✓						
	Serosanguineous	✓						
	Sanguineous	✓						
	Seropurulent	✓						
	Purulent	✓						
	Haemopurulent	✓						
	Other:	✓						
Tissue at Base of Wound	Granulating / Epithelialising (%)							
	Slough (%)							
	Necrosis (%)							
	Foreign body – type: (%)							
	Other – types: (%)							
	Hypergranulation (%)							
	Bleeding / friable granulation	✓						
	Pocketing in granulation	✓						
	Epithelial bridging	✓						
Edge	Level and attached	✓						
	Rolled	✓						
	Undermined	✓						
	Inflamed	✓						
	Other:	✓						
Periwound	Healthy & intact	✓						
	MASD (moisture assoc. skin damage)	✓						
	Dry	✓						
	Scaly / Hyperkeratosis	✓						
	Oedema	✓						
	Lymphorrhoea (leaking lymphatic fluid)	✓						
	Erythema	✓						
	Induration	✓						
	Increased heat	✓						
Other:	✓							
Malodour	Nil / Mild	✓						
	Moderate	✓						
	Severe: Extends outside of room	✓						
	Increasing malodour	✓						
Pain	Worst since previous dressing	/10						
	Worst during dressing change	/10						
	Waking at night due to pain?	/10						
	New or increasing pain	✓						



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		<b>Date:</b>								
<b>Measurements</b>	<b>Measure &amp; photograph</b>	Max length (cm)								
		Max width (cm)								
	<input type="checkbox"/> Weekly	Max depth (cm)								
	<i>(Healable wounds should be measured &amp; photographed weekly)</i>	<input type="checkbox"/> Undermining /								
		<input type="checkbox"/> Tunnelling								
<input type="checkbox"/> Other:	Indicate "clock-face" direction from wound edge & length in cm from edge of wound. Head = 12 o'clock  E.g. 									
If lower limb wounds:	L) ankle (cm)									
	L) calf (cm)									
	R) ankle (cm)									
	R) calf (cm)									
<b>Evaluation of Progress</b>	Healed	✓								
	Improved	✓								
	No significant change	✓								
	Deteriorated	✓								
	See progress notes	P								
		<b>Signature:</b>								

## Treatment Plans

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



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Treatment Plan	Date commenced:	/ /	by Name:	Signature:	Desig:	
	Rationale for altering treatment plan n/a: <input type="checkbox"/> First plan <input type="checkbox"/> Continuation - plan unchanged	Wound:	<input type="checkbox"/> Dehydrated/dressing adhered	<input type="checkbox"/> New/increased infection		
	Frequency	Dressing:	<input type="checkbox"/> saturated/leaking	<input type="checkbox"/> Becoming dislodged		
	Analgesia / Pain Management	[ ] Other problem:				
	Regional Care (e.g. entire lower limb)	[ ] Weekly [ ] Daily [ ] Other: Change earlier if saturated, leaking or dislodged				
	Periwound (protection from exudate)	[ ] Hygiene - [ ] Bag for shower [ ] Disposable bath wipes [ ] Other: [ ] Apply cream / ointment / lotion - Type:				
	Cleansing (antimicrobial/surfactant for all hard-to-heal wounds)	[ ] Apply protective barrier - Type:				
	Debridement (including wound edge)	Solution: [ ] Antimicrobial/surfactant → Type:		Soak time:		
		[ ] Other:				
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	Date above dressing / plan attended:					
	Debridement attended (as per plan) = D					
	Variance to above plan = V					
	Further details in progress notes = P					
Signature:						

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Signature:						