IR:	DOB:	
SURNAME:	GIVEN:	
Residential address:		
ocality:	Postcode:	
hone (home):	Mobile:	
	IISE I AREI IE AVAII ARI E	

GIPPSLAND REGIONAL			SURNAME: GIVEN:							
			Residential address:							
	WOUND ASSESSMENT CHA	4RT		Loca	ılity:			Postcode:		
				Phor	ne (home)	:		Mobile:		
							US	E LABEL IF AVAILABLE		
DAT	/ / WOUND LOC	ATION						WOUND NO		
ALLE	RGIES / SENSITIVIES :									
WOL	IND HISTORY (Approximate wounding da	ite, Me	chanism	of inj	ury, Pre	/ious tre	eatment	etc)		
_	IND TYPE						PC 20	· .		
	Acute – Surgical / Crush / Burn / Trauma							no previous ulcer		
☐ Atypical - Malignancy / Irradiation ☐ Undiagnos					erma Gangrenosum; Mycoba	actorium I Ilcorono)				
Press	Fistula / Abscess / Pilonidal sinus / Drain tu sure Injury Classification		Skin Tea			eu woun		r Limb Ulcer	acterium orcerans)	
	Stage I		Type 1 -				Lowe	Leg Ulcer – Arterial		
	Stage II				I flap loss	<b>.</b>		Leg Ulcer – Venous		
	Stage III		Type 3 -		-			Leg Ulcer – Mixed disease		
	Stage IV		71		•			Neuro / Ischaemic ulcer		
	Unstageable							☐ Neuropathic		
	Suspected deep tissue injury (SDTI)							Undiagnosed leg ulcer		
FAC	TORS AFFECTING HEALING									
	Diabetes		Smoking					Cardiovascular disease ( Co	CF / PAD / IHD)	
	Autoimmune ( Rheumatoid Arthritis )		Anaemia	l				Medications		
	Poor Nutrition		Respirat	ory Dis	sease			Lymphoedema		
	Other:									
wol	IND LOCATION					REFER	RALS		DATE	
							Wound	Management CNC		
							Medical	(GP / Surgeon)		
	\ \ \ \	1	,				Podiatri	st		
							Dietitian			
	// // //		Å Å				Nurse Educator			
					-		Physiot	herapist		
	211 , 113 911			L			Other			
Trul \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \			W		Np		IGATIO	NS	DATE	
	\ \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\						HbA1c			
							ABPI/TI	BPI/TSP		
							Wound	swab		
	))[(							Ultrasound Arterial / Venous		
	End law						•			
	Front E	Bac	k					tion review		
		at	· FA				Radiolo	gy		
							Other (I	ist)		

NAME, SIGNATURE AND DESIGNATION

Date: / /

## WOUND ASSESSMENT CHART

## **WOUND REGIME**

## **AFFIX LABEL HERE**

DATE:	NURSE SIGNATURE:		DRESSING FREQUENCY:
DEBRIDEMENT FF		DEBRIDEMENT MODE:	Autolytic ☐ Mechanical ☐ Sharp ☐ Nil
Oressing regime (	Cleansing, dressings, offloading and	compression regime)	
Rationale for chai	nging this regime:		
DATE:	NURSE SIGNATURE:		DDESCING EDECHENCY.
DEBRIDEMENT FF			DRESSING FREQUENCY:   Autolytic □ Mechanical □ Sharp □ Nil
Rationale for chai	nging this regime:		
DATE:	NURSE SIGNATURE:		DRESSING FREQUENCY:
DEBRIDEMENT F		DEDDIDENALNT NAODE.	
	REQUENCY: Cleansing, dressings, offloading and	<u>'</u>	Autolytic
Dressing regime (	Cleansing, dressings, offloading and	<u>'</u>	Autolytic   Mechanical   Sharp   Nil
Dressing regime (	Cleansing, dressings, offloading and	<u>'</u>	
Dressing regime (  Rationale for chai	Cleansing, dressings, offloading and night of the regime:  NURSE SIGNATURE:	compression regime)	DRESSING FREQUENCY:
Dressing regime (  Rationale for char  DATE:  DEBRIDEMENT FF	Cleansing, dressings, offloading and night of the regime:  NURSE SIGNATURE:	DEBRIDEMENT MODE:	
Dressing regime (  Rationale for char  DATE:  DEBRIDEMENT FF	nging this regime:  NURSE SIGNATURE:  REQUENCY:	DEBRIDEMENT MODE:	DRESSING FREQUENCY:
Dressing regime (  Rationale for chain  DATE:  DEBRIDEMENT FF	nging this regime:  NURSE SIGNATURE:  REQUENCY:	DEBRIDEMENT MODE:	DRESSING FREQUENCY:
Rationale for char  DATE: DEBRIDEMENT FF Dressing regime (	nging this regime:  NURSE SIGNATURE: REQUENCY: Cleansing, dressings, offloading and	DEBRIDEMENT MODE:	DRESSING FREQUENCY:
Rationale for char  DATE: DEBRIDEMENT FF Dressing regime (	Cleansing, dressings, offloading and mging this regime:  NURSE SIGNATURE: REQUENCY: Cleansing, dressings, offloading and mging this regime:	DEBRIDEMENT MODE:	DRESSING FREQUENCY: Autolytic □ Mechanical □ Sharp □ Nil □
Dressing regime (  Rationale for chain  DATE: DEBRIDEMENT FF  Dressing regime (  Rationale for chain  DATE	Cleansing, dressings, offloading and inging this regime:  NURSE SIGNATURE: REQUENCY: Cleansing, dressings, offloading and inging this regime:  NURSE SIGNATURE:	DEBRIDEMENT MODE: compression regime)	DRESSING FREQUENCY:
Dressing regime (  Rationale for chain  DATE:  DEBRIDEMENT FF  Dressing regime (  Rationale for chain  DATE  DEBRIDEMENT FF	Cleansing, dressings, offloading and inging this regime:  NURSE SIGNATURE: REQUENCY: Cleansing, dressings, offloading and inging this regime:  NURSE SIGNATURE:	DEBRIDEMENT MODE:  compression regime)  DEBRIDEMENT MODE:	DRESSING FREQUENCY: Autolytic □ Mechanical □ Sharp □ Nil □ DRESSING FREQUENCY:
Dressing regime (  Rationale for char  DATE: DEBRIDEMENT FF  Dressing regime (  Rationale for char  DATE  DATE	Cleansing, dressings, offloading and maging this regime:  NURSE SIGNATURE: REQUENCY: Cleansing, dressings, offloading and maging this regime:  NURSE SIGNATURE: REQUENCY:	DEBRIDEMENT MODE:  compression regime)  DEBRIDEMENT MODE:	DRESSING FREQUENCY: Autolytic □ Mechanical □ Sharp □ Nil □ DRESSING FREQUENCY:
Dressing regime (  Rationale for char  DATE: DEBRIDEMENT FF  Dressing regime (  Rationale for char  DATE  DATE	Cleansing, dressings, offloading and maging this regime:  NURSE SIGNATURE: REQUENCY: Cleansing, dressings, offloading and maging this regime:  NURSE SIGNATURE: REQUENCY:	DEBRIDEMENT MODE:  compression regime)  DEBRIDEMENT MODE:	DRESSING FREQUENCY: Autolytic □ Mechanical □ Sharp □ Nil □ DRESSING FREQUENCY:
Dressing regime (  Rationale for char  DATE: DEBRIDEMENT FF  Dressing regime (  Rationale for char  DATE  DATE  DEBRIDEMENT FF	Cleansing, dressings, offloading and maging this regime:  NURSE SIGNATURE: REQUENCY: Cleansing, dressings, offloading and maging this regime:  NURSE SIGNATURE: REQUENCY:	DEBRIDEMENT MODE:  compression regime)  DEBRIDEMENT MODE:	DRESSING FREQUENCY: Autolytic □ Mechanical □ Sharp □ Nil □ DRESSING FREQUENCY:

GIPPSLAND REGIONAL WOUND ASSESSMENT CHART		AFFIX LABEL HERE					
LOCAT	TION:						
DATE:							
ınt	Nil 0						
m l	Low – up to 7 days wear +						
ie A	Mod – up to 2-3 days wear ++						
Exudate Amount	Heavy – less than 24 hours wear +++						
EX	Exudate increasing   ✓						
1	Nil ✓						
Exudate type	Serous ✓						
ate	Haemoserous ✓						
S S	Sanguineous ✓						
	Purulent   ✓						
Wound bed tissue / Debridement	Healed (epithelial) / Intact suture line %						
dem	Granulation %						
bric 6	Slough %						
Ğ [	Eschar %						
sue	Other Eg. Tendon/bone - list						
d tis	Hypergranulation ✓						
þe	Red friable / bleeding tissue						
pun I	Epithelial bridging						
Š	Granulation pocketing						
Debrid	dement Autolytic (A) Mechanical (M) Sharp (S)						
<u> </u>	Healthy / Intact ✓						
Mou	Macerated / Excoriated ✓						
Peri	Oedema ✓						
Edges and Periwound	Dry (D), Scaly (S), Callous (C)						
es a	Rolled Edges						
g g	Erythema (E), Heat (H), Odour (O)						
	Length x Width x Depth (cm)						
Weekly Monitoring	Undermined (cm)						
nito -	Traced ✓						
Mo	Photo 🗸						
ikly	Circumference Right ankle / calf (cm)	/	/	/	/	/	
Wee	<b>Left</b> ankle / calf (cm)	/	/	/	/	/	
	Increase in wound size or circumference						
F	Pre dressing pain (Rate 1 – 10)						
Pain	Procedural pain (Rate 1 – 10)						
P. I	Post dressing pain (Rate 1 – 10)						
ı	Increase in wound pain or new pain						
	*ALERT* Shaded areas indicate				ial biofilm forme	ation	
	В	iofilm based w	ound manageme	nt is required			
	Number of pieces of primary dressing if > 1						
[	Dressing regime changed (Yes / No)						
	INITIAL						

## AFFIX LABEL HERE **GIPPSLAND REGIONAL** WOUND ASSESSMENT CHART LOCATION: Shaded areas indicate increased bioburden, infection and /or potential biofilm formation \*ALERT\* Biofilm based wound management is required