

## GIPPSLAND REGIONAL WOUND ASSESSMENT CHART

UR: .....	DOB: .....
SURNAME: .....	GIVEN: .....
Residential address: .....	
Locality: .....	Postcode: .....
Phone (home): .....	Mobile: .....
USE LABEL IF AVAILABLE	

DATE	/ /	WOUND LOCATION	WOUND NO	
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ALLERGIES / SENSITIVITIES :

**WOUND HISTORY** (Approximate wounding date, Mechanism of injury, Previous treatment etc)

**WOUND TYPE**

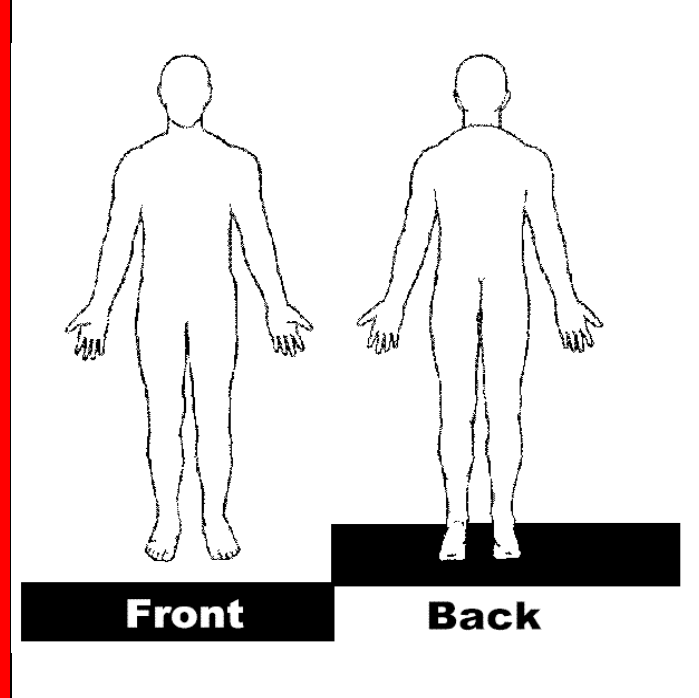
<input type="checkbox"/> Acute – Surgical / Crush / Burn / Trauma	<input type="checkbox"/> Lymphatic / Cellulitis with no previous ulcer
<input type="checkbox"/> Atypical - Malignancy / Irradiation	<input type="checkbox"/> Undiagnosed wound
<input type="checkbox"/> Fistula / Abscess / Pilonidal sinus / Drain tube	<input type="checkbox"/> Diagnosed wound (Pyoderma Gangrenosum; Mycobacterium Ulcerans)

Pressure Injury Classification	ISTAP Skin Tear Classification	Lower Limb Ulcer
<input type="checkbox"/> Stage I	<input type="checkbox"/> Type 1 - No skin loss	<input type="checkbox"/> Leg Ulcer – Arterial
<input type="checkbox"/> Stage II	<input type="checkbox"/> Type 2 - Partial flap loss	<input type="checkbox"/> Leg Ulcer – Venous
<input type="checkbox"/> Stage III	<input type="checkbox"/> Type 3 - Full flap loss	<input type="checkbox"/> Leg Ulcer – Mixed disease
<input type="checkbox"/> Stage IV		<input type="checkbox"/> Neuro / Ischaemic ulcer
<input type="checkbox"/> Unstageable		<input type="checkbox"/> Neuropathic
<input type="checkbox"/> Suspected deep tissue injury (SDTI)		<input type="checkbox"/> Undiagnosed leg ulcer

**FACTORS AFFECTING HEALING**

<input type="checkbox"/> Diabetes	<input type="checkbox"/> Smoking	<input type="checkbox"/> Cardiovascular disease ( CCF / PAD / IHD )
<input type="checkbox"/> Autoimmune ( Rheumatoid Arthritis )	<input type="checkbox"/> Anaemia	<input type="checkbox"/> Medications
<input type="checkbox"/> Poor Nutrition	<input type="checkbox"/> Respiratory Disease	<input type="checkbox"/> Lymphoedema
<input type="checkbox"/> Other :		

WOUND LOCATION	REFERRALS	DATE
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<input type="checkbox"/> Wound Management CNC	
<input type="checkbox"/> Medical (GP / Surgeon)	
<input type="checkbox"/> Podiatrist	
<input type="checkbox"/> Dietitian	
<input type="checkbox"/> Diabetic Nurse Educator	
<input type="checkbox"/> Physiotherapist	
<input type="checkbox"/> Other	

INVESTIGATIONS	DATE
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<input type="checkbox"/> HbA1c	
<input type="checkbox"/> ABPI/TBPI/TSP	
<input type="checkbox"/> Wound swab	
<input type="checkbox"/> Duplex Ultrasound Arterial / Venous	
<input type="checkbox"/> Medication review	
<input type="checkbox"/> Radiology	
<input type="checkbox"/> Other (list)	

NAME, SIGNATURE AND DESIGNATION

Date: / /

WOUND ASSESSMENT CHART

<b>WOUND REGIME</b>	<b>AFFIX LABEL HERE</b>
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DATE:	NURSE SIGNATURE:	DRESSING FREQUENCY:
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DEBRIDEMENT FREQUENCY:	DEBRIDEMENT MODE: Autolytic <input type="checkbox"/> Mechanical <input type="checkbox"/> Sharp <input type="checkbox"/> Nil <input type="checkbox"/>
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Dressing regime (Cleansing, dressings, offloading and compression regime)

*Rationale for changing this regime:*

DATE:	NURSE SIGNATURE:	DRESSING FREQUENCY:
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Dressing regime (Cleansing, dressings, offloading and compression regime)

*Rationale for changing this regime:*

GIPPSLAND REGIONAL WOUND ASSESSMENT CHART		AFFIX LABEL HERE					
LOCATION:							
DATE:							
Exudate Amount	Nil	0					
	Low – up to 7 days wear	+					
	Mod – up to 2-3 days wear	++					
	Heavy – less than 24 hours wear	+++					
	<b>Exudate increasing</b>	✓					
Exudate type	Nil	✓					
	Serous	✓					
	Haemoserous	✓					
	Sanguineous	✓					
	<b>Purulent</b>	✓					
Wound bed tissue / Debridement	Healed (epithelial) / Intact suture line	%					
	Granulation	%					
	Slough	%					
	Eschar	%					
	Other Eg. Tendon/bone - list						
	<b>Hypergranulation</b>	✓					
	<b>Red friable / bleeding tissue</b>	✓					
	<b>Epithelial bridging</b>	✓					
	<b>Granulation pocketing</b>	✓					
<b>Debridement Autolytic (A) Mechanical (M) Sharp (S)</b>							
Edges and Periwound	Healthy / Intact	✓					
	Macerated / Excoriated	✓					
	Oedema	✓					
	Dry (D), Scaly (S), Callous (C)	✓					
	Rolled Edges	✓					
	<b>Erythema (E), Heat (H), Odour (O)</b>						
Weekly Monitoring	Length x Width x Depth (cm)						
	Undermined (cm)						
	Traced	✓					
	Photo	✓					
	Circumference <b>Right</b> ankle / calf (cm)	/	/	/	/	/	/
	<b>Left</b> ankle / calf (cm)	/	/	/	/	/	/
	<b>Increase in wound size or circumference</b>	✓					
Pain	Pre dressing pain (Rate 1 – 10)						
	Procedural pain (Rate 1 – 10)						
	Post dressing pain (Rate 1 – 10)						
	<b>Increase in wound pain or new pain</b>	✓					
<b>*ALERT*</b> Shaded areas indicate increased bioburden, infection and /or potential biofilm formation Biofilm based wound management is required							
Number of pieces of primary dressing if > 1							
Dressing regime changed (Yes / No)							
INITIAL							

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DATE:							
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	Oedema	✓					
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