REGIONAL WOUND ASSESSMENT CHART

GIPPSLAND REGIONAL ACUTE WOUND ASSESSMENT CHART

AFFIX LABEL HERE

WOUND TYPE AND LOCATION:										=
ALLERGIES / SENSITIVITIES:										
DATE	:									
ınt	Nil	0								
Exudate Amount	Low – up to 7 days wear	+								
	Mod – up to 2-3 days wear	++								
nda	Heavy – less than 24 hours wear +-	++								
Ä	Exudate increasing	✓								
е	Nil	✓								
typ	Serous	✓								
date	Haemoserous	✓								
Exudate type	Sanguineous	✓								
	Purulent	✓								
Wound tissue / Debridement	Healed (epithelial) / Intact suture line	%								
	Granulation	%								
ride	Slough	%								í
Dek	Eschar	%								
/ er	Other Eg. Tendon/bone - list									3
tissı	Hypergranulation	✓								
pur	Red friable / bleeding tissue	✓								
Wol	Epithelial bridging	✓								Ì
	Granulation pocketing	✓								2
Debride Autolytic (A) Mechanical (M) Sharp (S)									<u> </u>	
pui	Healthy / Intact	✓								
WOL	Macerated / Excoriated	✓								9
Periwound	Oedema	✓								
ૐ	Dry (D), Scaly (S) , Callous (C)									-
Edges	Rolled Edges	✓								
ш	Erythema (E), Heat (H), Odour (O)									
b0	Length x Width x Depth (cm)								<u> </u>	_
orin	Undermined (cm)								<u> </u>	_
onit	Traced	✓							<u> </u>	_
Weekly monitoring	Photo	✓							<u> </u>	
eekl	Circumference Right ankle / calf cm)		/	/	/	/	/	/	/	_
Š	Left ankle / calf (cm)			/	/	/	/	/	/	
		✓								
Pain	Pre dressing pain (Rate 1 – 10)	-								
	Procedural pain (Rate 1 – 10)									
	Post dressing pain (Rate 1 – 10)	,								
	Charled are no to	√ dieset	o incurs	d biologic	un in famili		toutink him	ilus formati		
	ALERT Shaded areas in					n and /or po nent is requ		ıım formatic	on	
	Number of pieces of primary dressing if > :									
	Dressing regime changed (Yes / No)									
	INITIA	AL								

WOUND REGIME

AFFIX LABEL HERE

WOO	JND REGIIVIE									
DATE:	NURSE SIGNATURE:		DRESSING FREQUENCY:							
DEBRIDEMENT FREQUE		DEBRIDEMENT MODE:	Autolytic Mechanical Sharp Nil							
-	ing, dressings, offloading and co									
Dationals for shanging t	his regime.									
Rationale for changing t	nis regime:									
DATE:	NURSE SIGNATURE:		DRESSING FREQUENCY:							
DEBRIDEMENT FREQUE		DEBRIDEMENT MODE:	Autolytic ☐ Mechanical ☐ Sharp ☐ Nil ☐							
	ing, dressings, offloading and co		,							
Rationale for changing t	his regime:									
, , ,										
DATE:	NURSE SIGNATURE:		DRESSING FREQUENCY:							
DEBRIDEMENT FREQUE	NCY:	DEBRIDEMENT MODE:	Autolytic							
Dressing regime (Cleansing, dressings, offloading and compression regime)										
Rationale for changing t	his reaime:									
, , ,	<u> </u>									
DATE:	NURSE SIGNATURE:		DRESSING FREQUENCY:							
DEBRIDEMENT FREQUE			Autolytic Mechanical Sharp Nil Nil							
Dressing regime (Cleans	ing, dressings, offloading and co	empression regime)								
Rationale for changing t	his regime:									
	1									
DATE	NURSE SIGNATURE:		DRESSING FREQUENCY:							
DEBRIDEMENT FREQUE			Autolytic ☐ Mechanical ☐ Sharp ☐ Nil ☐							
טressing regime (Cleans	ing, dressings, offloading and co	ompression regime)								
Rationale for changing t	his regime:									