

WOUND CARE NOTES

WOUND LOCATION: _____ Date of Onset: _____ NAME CHECK: _____

WOUND SIZE	UNDERMINING:	cm/	o'clock-	o'clock	<u>LEFT</u>	<u>RIGHT</u>
(L) cm	UNDERMINING:	cm/	o'clock-	o'clock		F
(W) cm	UNDERMINING:	cm/	o'clock-	o'clock		A
(D) cm	SINUS/TUNNELING:	cm/	o'clock			C

WOUND TYPE	EXUDATE TYPE	EXUDATE AMOUNT	EXPOSED TISSUE	PERIWOUND	WOUND BED
ARTERIAL BURN DIABETIC TRAUMA SURGICAL VENOUS SKIN TEAR STAGE I STAGE II STAGE III STAGE IV UNSTAGABLE OTHER:	SEROUS SANGUINEOUS Serosang PURULENT MALODOROUS GREEN OTHER:	ABSENT SCANT MINIMUM MODERATE LARGE OTHER:	PARTIAL SUB TISSUE MUSCLE TENDON FASCIA BONE OTHER:	INTACT CALLOUS ERYTHEMATOUS MACERATED INDURATED ATROPHIC SCAR TISSUE OTHER: SKIN TEMP: _____	GRANULATED _____ % SLOUGH _____ % ESCHAR _____ % FIBRIN SINUS/TUNNEL UNDERMINING PAINFUL SCAB OTHER:

WOUND CLEANSER	DEBRIDEMENT	PRIMARY DRESSING	SECONDARY DRESSING	COMPRESSION
NOMRAL SALINE ACETIC ACID OTHER:	AUTOLYTIC ENZYMATIC MECHANICAL SHARP SHARP WITH ANESTH SILVER NITRATE OTHER:			THREE LAYER UNNA BOOT SHORT STRETCH LYPHEDEMA WRAP OTHER:

FREQUENCY: _____	F/U RTC: _____
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PHOTO OBTAINED: ☐ Yes ☐ No

REASON FOR CHANGE: _____

Goals

- | | | |
|--|---|---|
| <input type="checkbox"/> Edema reduction | <input type="checkbox"/> Pressure Reduction | <input type="checkbox"/> Decrease amount of necrotic tissue |
| <input type="checkbox"/> Increase granulate n tissue formation | <input type="checkbox"/> Pressure relief | <input type="checkbox"/> Contraction of wound margins |
| <input type="checkbox"/> Epithelialization of wound base | <input type="checkbox"/> Control edema | <input type="checkbox"/> Provide moist wound healing |
| <input type="checkbox"/> Decrease bacterial colonization | <input type="checkbox"/> Absorb drainage | <input type="checkbox"/> Decrease level of pain |

COMMENTS:

Therapist Signature: _____

Date: _____