

WOUND ASSESSMENT & TREATMENT FLOWSHEET

Wound Date of Onset _____

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Client Name: _____

DOB: _____

PHN: _____

OR ADDRESSOGRAPH/LABEL

Year: _____

(Please fill out ONE form per wound)

Goal of Care: ☐ To Heal ☐ To Maintain ☐ To Monitor / Manage

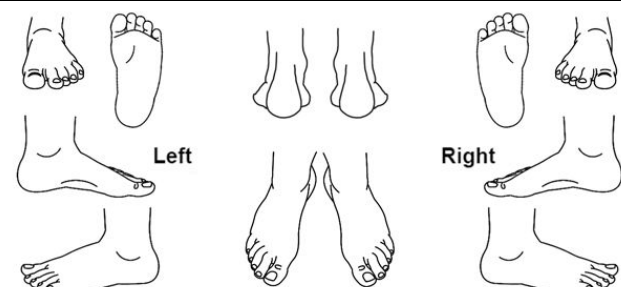
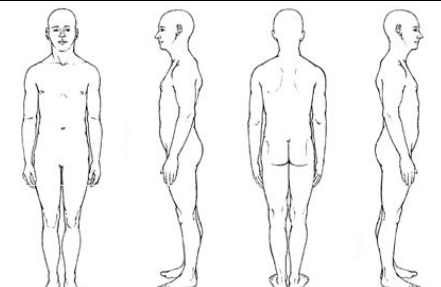
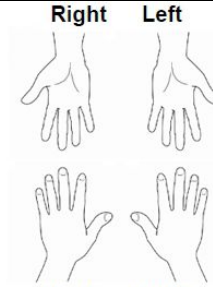
Wound Type/Etiology (if known)

☐ Pressure ☐ Venous ☐ Arterial ☐ Diabetic ☐ Surgical 2^o Intention ☐ Skin Tear ☐ Other

If Pressure Ulcer, chart one stage only and date. ☐ Stage 1 _____ (dd/mm) ☐ Stage 2 _____ (dd/mm) ☐ Stage 3 _____ (dd/mm) ☐ Stage 4 _____ (dd/mm)

If change, chart new stage and date. ☐ Stage X (unstageable) _____ (dd/mm) ☐ Stage SDTI (Suspected Deep Tissue Injury) _____ (dd/mm)

MARK LOCATION OF WOUND/ULCER WITH AN ARROW OR AN "X"

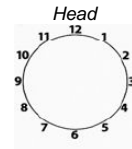
									
Left								Right	Left
Right								Left	Right

Legend:

X or Blank Space = Not Applicable (as per agency)

✓ = Assessed/Completed

PN = See Progress Notes

Wound Location:		Month/Year	Day																
		mm/yy	Time																
Weekly/PRN	Wound Measurements in cm  Head Toe Undermining/ Sinus Tract: Location corresponds to face of clock with patient's head at 12 o'clock position	Length																	
		Width																	
		Depth																	
		Sinus Tract #1 Depth																	
		Location (o'clock)																	
		Sinus Tract #2 Depth																	
		Location (o'clock)																	
		Undermining #1 Depth																	
		Location (o'clock)																	
		Undermining #2 Depth																	
Location (o'clock)																			
Wound Bed:	% Pink/Red																		
	% Granulation (red pebbly)																		
	% Slough																		
	% Eschar																		
	% Foreign body (sutures, mesh, hardware)																		
	% Underlying structures (fascia, tendon, bone)																		
	% Not visible																		
% Other:																			
Exudate Amount [✓] one	None																		
	Scant/small																		
	Moderate																		
	Large/copious																		
INITIALS																			



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Wound Location:		Month/Year mm/yy	Day										
			Time										
Exudate Type [✓] all that apply	Serous												
	Sanguineous												
	Purulent												
	Other:												
Odour	Odour present after cleansing Yes or No												
Wound Edge [✓] all that apply	Attached (flush w/ wound bed or "sloping edge")												
	Non-Attached (edge appears as a "cliff")												
	Rolled (curled under)												
	Epithelialization												
Peri-wound Skin [✓] all that apply	Intact												
	Erythema (reddened) in cm												
	Indurated (firmness around wound) in cm												
	Macerated (white, waterlogged)												
	Excoriated/Denuded (superficial loss of tissue)												
	Callused												
	Fragile												
	Other:												
Wound Pain (10 = worst)	Scored from 10 point analogue Pain Scale See Pain Assessment for details												
Packing Count	Any depth 1cm or greater, count packing pieces	Out											
		In											
Treatment	Treatment done as per Treatment Plan												
INITIALS													
VISIT COUNT (Home Care Nursing Only)													

WOUND TREATMENT PLAN

Leave plan in place for ONE week whenever possible. Document rationale for change on the Progress Notes	Date Initiated	Initials	Date D/C	Initials