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| Appendix BName Date of birth  |

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NHS Number  |    |

**Wound Assessment Careplan Problem No ……………**

|  |  |  |
| --- | --- | --- |
| Date onset of wound or admission to case load |  | Type of wound (if pressure ulcer record category, complete datix, include WEB No) |
| Referral to TVN Yes NoDate | Topical Negative Pressure.  Yes No  | Location of wound |  | **If leg ulcer, complete leg ulcer assessment form** |
| Allergies / Sensitivity  | Underlying conditions |
| Wound maximum size in Cm **measure weekly unless wound deteriorates**  | **Date** |  |  |  |  |  |  |
| Length |  |  |  |  |  |  |
| Width |  |  |  |  |  |  |
| Depth |  |  |  |  |  |  |
| Undermining  |  | Yes No  | Yes No | Yes No | Yes No | Yes No | Yes No |
| Bridging  |  | Yes No | Yes No | Yes No | Yes No | Yes No | Yes No |
| Wound bed cover in % | Necrotic |  |  |  |  |  |  |
| Sloughy |  |  |  |  |  |  |
| Granulating  |  |  |  |  |  |  |
| Epithelialisation  |  |  |  |  |  |  |
| Exudate  | High |  |  |  |  |  |  |
| Moderate |  |  |  |  |  |  |
| Low |  |  |  |  |  |  |
| levels increasing |  | Yes No  | Yes No | Yes No | Yes No | Yes No | Yes No |
| Odour  |  | Yes No | Yes No | Yes No | Yes No | Yes No | Yes No |
| Pain at dressing  | 1 -10 |  |  |  |  |  |  |
| Pain relief |  |  |  |  |  |  |  |
| **Name DOB NHS No**

|  |  |  |  |  |  |  |  |  |  |  |  |
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 |
|  | **Date** |  |  |  |  |  |  |
| Swab taken |  | Yes No | Yes No | Yes No | Yes No | Yes No | Yes No |
| Result of swab |  |  |  |  |  |  |  |
| Action taken |  |  |  |  |  |  |  |
| Surrounding skin | Healthy  |  |  |  |  |  |  |
| Oedematous |  |  |  |  |  |  |
| Macerated |  |  |  |  |  |  |
| Inflamed  |  |  |  |  |  |  |
| Cellulitis  |  |  |  |  |  |  |
| Fragile  |  |  |  |  |  |  |
| Treatment objectives Primary dressing | Debridement |  |  |  |  |  |  |
| Antimicrobial  |  |  |  |  |  |  |
| Absorption  |  |  |  |  |  |  |
| Hydration |  |  |  |  |  |  |
| Protection |  |  |  |  |  |  |
| Is the wound  | Deteriorating  |  |  |  |  |  |  |
| Static |  |  |  |  |  |  |
| Improving  |  |  |  |  |  |  |
| Action / Rationale for dressing change |  |  |  |  |  |  |  |
| Signature |  |  |  |  |  |  |  |