|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Appendix B  Name  Date of birth | |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  |  |  |  |  |   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 No  Date | | 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**   |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  |  |  |  |  | | | | | | | | | | | | | |
|  | **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 |  | |  |  | | |  | |  |  | |  |