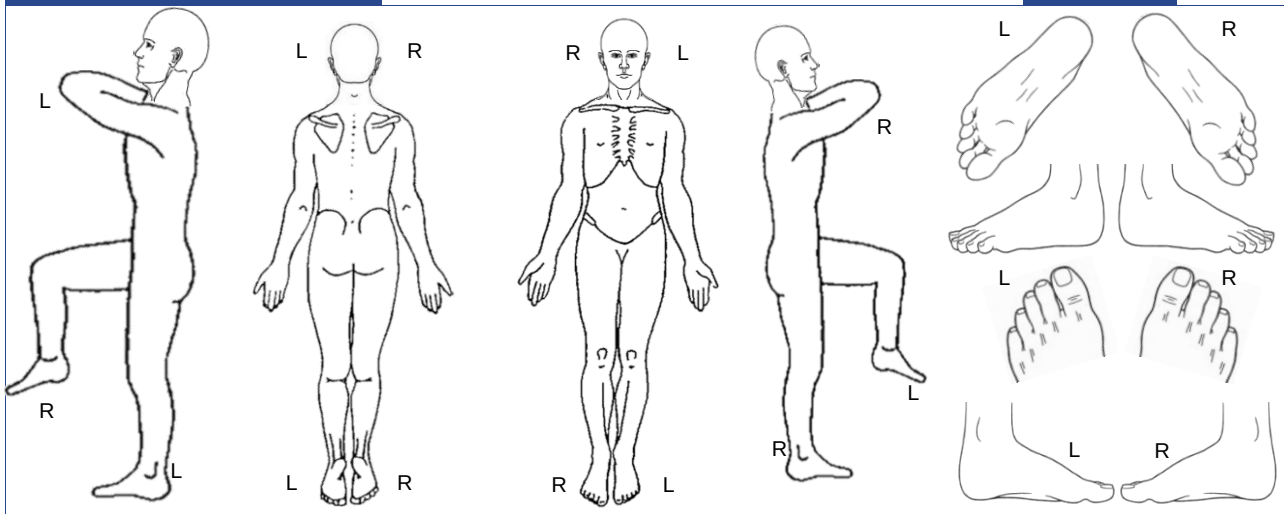
Regional Wounds Victoria
Loddon Mallee

Wound Management

Complete one form for each wound.
Small wounds on the same body part, with the same aetiology and treatment may be recorded as a single wound on a single form

Describe Wound Location: | **Wound No.**



Wound on lower limb?
[ ] No [ ] Yes → Requires lower limb assessment (Inc. screen for PAD, neuropathy, CVI & lymphoedema)
Lower Limb Assessment results: [ ] In progress notes [ ] Attached to file
[ ] Not available → Arrange for podiatrist or nurse competent in this area to complete & forward results.
Arrangements made:

Wound type Select one only

VHIMS ID

[ ] Not required

Skin Tear	Pressure Injury (PI)	Common Lower Limb Ulcers	Other:
ISTAP Category	**Stage / Category**	[ ] Venous/lymphatic	[ ] Surgical – Open [ ] Surgical - Closed (primary intention)
[ ] 1	[ ] 1	[ ] Arterial/ischaemic	[ ] Trauma (other than skin tear)
[ ] 2	[ ] 2	[ ] Mixed arterial/venous	[ ] Fistula [ ] Abscess [ ] Drain tube [ ] Pilonidal sinus
[ ] 3	[ ] 3	[ ] Neuropathic	[ ] IAD [ ] Other MASD (Moisture assoc. skin damage)
	[ ] 4	[ ] Neuro-ischaemic	[ ] Burn [ ] Radiation skin reaction
	[ ] Unstageable		[ ] Atypical wound diagnosed:
	[ ] Suspected DTI		Type: [ ] Malignant
	[ ] Mucosal		**[ ] Undiagnosed (refer to specialist service)**

Allergies/ Sensitivities
Include topical products including dressings:

Photography
[ ] Consent for clinical imaging form completed Date: / /

Wound history
Date first occurred / / Or estimate duration:
How did it start? [ ] Surgery (state type below) [ ] Other: State Below

Healing may be affected by:
[ ] Diabetes [ ] Malnutrition [ ] Oedema [ ] Radiotherapy [ ] Prednisolone / other steroids [ ] Other:
[ ] Smoking [ ] Stress/Pain [ ] Anaemia [ ] Chemotherapy

Previously managed by:
[ ] n/a – new wound [ ] GP/ Practice Nurse [ ] District Nursing [ ] Wound Clinic [ ] Self [ ] Family
[ ] Other - Details:

Goals
[ ] **Acute Wound** (Occurred suddenly, + /- intentional, no infection or delayed healing) → **Goal**: Heal within 2 weeks
[ ] **Hard-to-Heal Wound** (All non-acute wounds) → **Goal:** [ ] Healing or [ ] Symptom management / palliation
Interim Goals: (Consider addressing symptoms, wound bed problems, main aetiology and other factors affecting healing)
Improve: [ ] Pain [ ] Malodour [ ] Exudate leakage [ ] Dressing dislodging [ ] Ability to participate in desired activities
Other:

New wound-related referrals
[ ] Podiatry [ ] Dietitian [ ] OT [ ] Specialist Wound Service / CNC / NP [ ] Requested GP to refer to medical specialist
Details / other referrals:

[ ] **Additional assessment information in progress notes**

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	ASSESSMENT at each dressing change		Highlighed rows = indicators of possible infection						
	Previous dressing was:	Date:							
Exudate Level	Dry: (Unmarked)	✓							
	Moist: (Lightly marked)	✓							
	Wet: (Heavily marked)	✓							
	Saturated: (Saturated /strikethrough)	✓							
	Leaking: (Exudate escaping)	✓							
	Exudate level increasing	✓							
Exudate Type	Serous	✓							
	Serosanguineous	✓							
	Sanguineous	✓							
	Seropurulent	✓							
	Purulent	✓							
	Haemopurulent	✓							
	Other:	✓							
Tissue at Base of Wound	Granulating / Epithelialising	(%)							
	Slough	(%)							
	Necrosis	(%)							
	Foreign body – type:	(%)							
	Other – types:	(%)							
	Hypergranulation	(%)							
	Bleeding / friable granulation	✓							
	Pocketing in granulation	✓							
	Epithelial bridging	✓							
Edge	Level and attached	✓							
	Rolled	✓							
	Undermined	✓							
	Inflamed ?Infection	✓							
	Other:	✓							
Periwound	Healthy & intact	✓							
	MASD (moisture assoc. skin damage)	✓							
	Dry	✓							
	Scaly / Hyperkeratosis	✓							
	Oedema	✓							
	Lymphorrhoea (leaking lymphatic fluid)	✓							
	Erythema	✓							
	Induration	✓							
	Increased heat	✓							
	Other:	✓							
Malodour	Nil / Mild	✓							
	Moderate	✓							
	Severe: Extends outside of room	✓							
	Increasing malodour	✓							
Pain	Worst since previous dressing	/10							
	Worst during dressing change	/10							
	Waking at night due to pain?	/10							

New or increasing pain ✓								

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		Date:						
Measurements	**Measure & photograph** [ ] Weekly [ ] Other: *(Non-palliative wounds should be measured & photographed weekly)*	Max length (cm)						
		Max width (cm)						
		Max depth (cm)						
		[ ] Undermining / [ ] Tunnelling Indicate "clock-face" direction from wound edge & length in cm from edge of wound. Head = 12 o'clock E.g.  See progress notes P (if more large / complex)						
Evaluation of Progress		Healed ✓						
		Improved ✓						
		No significant change ✓						
		Deteriorated ✓						
		See progress notes P						
		Signature:						

Treatment Plans

Treatment Plan		**Date commenced:**	**/ /** **by Name:** **Signature** **Desig:**					
	Rationale for altering treatment plan **n/a:** ☐ First plan ☐ Continuation - plan unchanged		Wound: [ ] dehydrated/dressing adhered [ ] New/increased signs of infection Dressing: [ ] saturated/leaking [ ] Becoming dislodged [ ] Other problem:					
	Frequency		[ ] Weekly [ ] Daily [ ] Other: Change earlier if saturated, leaking or dislodged					
	Analgesia / Pain Management							
	Regional Care (e.g. entire lower limb)		**Hygiene** - [ ] Bag for shower [ ] Disposable bath wipes [ ] Other: [ ] **Apply cream / ointment / lotion** - Type:					
	Periwound (protection from exudate)		[ ] Apply protective barrier - Type:					
	Cleansing (antimicrobial/surfactant for all hard-to-heal wounds)		Solution: [ ] Antimicrobial/surfactant → Type: Soak time: [ ] Nil [ ] N/S [ ] Sterile water					
	Debridement (including wound edge)		[ ] None- keep wound dry [ ] Moist wound care (see dressings plan below) [ ] Mechanical Debridement pad – Type & frequency: [ ] CSWD by frequency:					
	Primary Dressing - directly on wound bed:							
	Secondary Dressing – over primary dressing							
	Fixation / Compression / Offloading							
	Forward Planning:							
Recor		**Date ceased:**	**/ /** **by Name:** **Signature** **Desig:**					
	Date above dressing / plan attended:							
	Debridement attended (as per plan) = **D**							
	Variance to above plan = **V**							
	Further details in progress notes = **P**							

Signature:							

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