REGIONAL WOUND ASSESSMENT CHART

GIPPSLAND REGIONAL WOUND ASSESSMENT CHART

AFFIX LABEL HERE

WOUND TYPE AND LOCATION:										
ALLERGIES / SENSITIVITIES:										
DATE	:									
Exudate Amount	Nil 0									
	Low – up to 7 days wear +									
	Mod – up to 2-3 days wear ++									
	Heavy – less than 24 hours wear +++									
	Exudate increasing 🗸									
Exudate type	Nil									
	Serous ✓									
	Haemoserous ✓									
	Sanguineous ✓									
	Purulent 🗸									
Wound tissue / Debridement	Healed (epithelial) / Intact suture line %									
	Granulation %									
	Slough %									
	Eschar %									
/ e /	Other Eg. Tendon/bone - list									
issu	Hypergranulation ✓									
ind (Red friable / bleeding tissue ✓									
Nou	Epithelial bridging ✓									
	Granulation pocketing ✓									
Debri	de Autolytic (A) Mechanical (M) Sharp (S)									
pu	Healthy / Intact ✓									
Periwound	Macerated / Excoriated ✓									
eri	Oedema ✓									
	Dry (D), Scaly (S) , Callous (C)									
Edges &	Rolled Edges ✓									
ш	Erythema (E), Heat (H), Odour (O)									
	Length x Width x Depth (cm)									
oring	Undermined (cm)								_ 1	
nitc	Traced ✓									
) m	Photo									
Weekly monitoring	Circumference Right ankle / calf cm)	/	/	/	/	/	/	/	- 1	
We	Left ankle / calf (cm)	/	/	/	/	/	/	/		
	Increase in size or circumference									
Pain	Pre dressing pain (Rate 1 – 10)								- 1	
	Procedural pain (Rate 1 – 10)								-	
	Post dressing pain (Rate 1 – 10)									
	Increase in wound pain or new pain 🗸									
ALERT Shaded areas indicate increased bioburden, infection and /or potential biofilm for Biofilm based wound management is required							film formati	ion		
		Biofilm	r based wo	und manage	ment is req	uired				
	Dressing regime changed (Yes / No)					1				
	INITIAL									

WOUND REGIME

AFFIX LABEL HERE

DATE:	NURSE SIGNATURE:		DRESSING FREQUENCY:
DEBRIDEMENT FREQUEN	ICY:	DEBRIDEMENT MODE:	Autolytic
Dressing regime (Cleansin	ng, dressings, offloading and co	ompression regime)	
Rationale for changing th	is reaime:		
- manager grand gr			
DATE:	NURSE SIGNATURE:		DRESSING FREQUENCY:
DEBRIDEMENT FREQUEN			Autolytic ☐ Mechanical ☐ Sharp ☐ Nil ☐
Dressing regime (Cleansing	ng, dressings, offloading and co	ompression regime)	
Rationale for changing th	is regime:		
DATE:	NURSE SIGNATURE:		DRESSING FREQUENCY:
DEBRIDEMENT FREQUEN		<u>'</u>	Autolytic Mechanical Sharp Nil
Dressing regime (Cleansin	ng, dressings, offloading and co	ompression regime)	
Rationale for changing th	is regime:		
DATE:	NURSE SIGNATURE:		DRESSING FREQUENCY:
DEBRIDEMENT FREQUEN			Autolytic Mechanical Sharp Nil
Dressing regime (Cleansin	ng, dressings, offloading and co	ompression regime)	
Rationale for changing th	is regime:		
DATE	AULDOS CICALATUDE		DDESSING EDECUENCY
DATE DEBRIDEMENT FREQUEN	NURSE SIGNATURE:	DERDIDEMENT MODE:	DRESSING FREQUENCY: Autolytic □ Mechanical □ Sharp □ Nil □
	ng, dressings, offloading and co		Autolytic in Mechanical in Sharp in Mil in
2. comp regime (cicanon	.g, a. coomigo, omodamig and co	p. coolon regime/	
Rationale for changing th	is regime:		