

**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	%							
	Other Eg. Tendon/bone - list								
	Hypergranulation	✓							
	Red friable / bleeding tissue	✓							
	Epithelial bridging	✓							
	Granulation pocketing	✓							
Debride Autolytic (A) Mechanical (M) Sharp (S)									
Edges & Periwound	Healthy / Intact	✓							
	Macerated / Excoriated	✓							
	Oedema	✓							
	Dry (D), Scaly (S) , Callous (C)								
	Rolled Edges	✓							
	Erythema (E), Heat (H), Odour (O)								
Weekly monitoring	Length x Width x Depth (cm)								
	Undermined (cm)								
	Traced	✓							
	Photo	✓							
	Circumference Right ankle / calf (cm)		/	/	/	/	/	/	/
	Left ankle / calf (cm)		/	/	/	/	/	/	/
	Increase in size or circumference	✓							
Pain	Pre dressing pain (Rate 1 – 10)								
	Procedural pain (Rate 1 – 10)								
	Post dressing pain (Rate 1 – 10)								
	Increase in wound pain or new pain	✓							
ALERT <i>Shaded areas indicate increased bioburden, infection and /or potential biofilm formation Biofilm based wound management is required</i>									
Dressing regime changed (Yes / No)									
INITIAL									

REGIONAL WOUND ASSESSMENT CHART

WOUND REGIME

AFFIX LABEL HERE

DATE:	NURSE SIGNATURE:	DRESSING FREQUENCY:
DEBRIDEMENT FREQUENCY:	DEBRIDEMENT MODE: Autolytic <input type="checkbox"/> Mechanical <input type="checkbox"/> Sharp <input type="checkbox"/> Nil <input type="checkbox"/>	
Dressing regime (Cleansing, dressings, offloading and compression regime)		

Rationale for changing this regime:

DATE:	NURSE SIGNATURE:	DRESSING FREQUENCY:
DEBRIDEMENT FREQUENCY:	DEBRIDEMENT MODE: Autolytic <input type="checkbox"/> Mechanical <input type="checkbox"/> Sharp <input type="checkbox"/> Nil <input type="checkbox"/>	
Dressing regime (Cleansing, dressings, offloading and compression regime)		

Rationale for changing this regime:

DATE:	NURSE SIGNATURE:	DRESSING FREQUENCY:
DEBRIDEMENT FREQUENCY:	DEBRIDEMENT MODE: Autolytic <input type="checkbox"/> Mechanical <input type="checkbox"/> Sharp <input type="checkbox"/> Nil <input type="checkbox"/>	
Dressing regime (Cleansing, dressings, offloading and compression regime)		

Rationale for changing this regime:

DATE:	NURSE SIGNATURE:	DRESSING FREQUENCY:
DEBRIDEMENT FREQUENCY:	DEBRIDEMENT MODE: Autolytic <input type="checkbox"/> Mechanical <input type="checkbox"/> Sharp <input type="checkbox"/> Nil <input type="checkbox"/>	
Dressing regime (Cleansing, dressings, offloading and compression regime)		

Rationale for changing this regime:

DATE:	NURSE SIGNATURE:	DRESSING FREQUENCY:
DEBRIDEMENT FREQUENCY:	DEBRIDEMENT MODE: Autolytic <input type="checkbox"/> Mechanical <input type="checkbox"/> Sharp <input type="checkbox"/> Nil <input type="checkbox"/>	
Dressing regime (Cleansing, dressings, offloading and compression regime)		

Rationale for changing this regime: