### WOUND ASSESSMENT CHART

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<tr>
<th>WOUND NUMBER</th>
<th>LOCATION</th>
<th>MEASUREMENTS</th>
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#### EXUDATE COLOUR & VOLUME according to dressing change
- **Low**: up to 7 days wear
- **Mod**: 2 - 3 days
- **Heavy**: < 24hrs

#### WOUND BED TISSUE
- Healthy / Intact
- Macerated
- Erythema / Inflammation
- Oedema
- Excoriated
- Dry / Scaly
- Callous
- Rolled edges
- Undermined

#### WOUND EDGE AND SURROUNDING SKIN
- Healthy / Intact
- Macerated
- Erythema / Inflammation
- Oedema
- Excoriated
- Dry / Scaly
- Callous
- Rolled edges
- Undermined

#### MEASUREMENTS
- Document measurements and progress (+ = no change) | ↑ in size | ↓ in size |
- Length (cm)
- Width (cm)
- Depth (cm)
- Undermining (cm)
- Thickness (cm)
- Blister
- Callous
- Rolled edges
- Undermined

#### PAIN (Rating scale 1-10 & DESCRIBE PAIN)
- Non-painful
- Shooting
- Burning
- Stabbing OR Nociceptive
- Tingling
- Deep
- Aching
- May be mixed

#### SYMPTOMS OF IMPENDING INFECTION
- [Circle choice and indicate with ✓]
- Increase in exudate OR pain OR oedema
- Increase in wound size
- Red frangible tissue
- Spreading erythema AND/OR Odour
- Swell taken down
- Isolated organism - antibiotics - specify

#### DOCUMENTATION
- [Indicate with ✓]
- Dressing REGIME changed
- Progress notes entry
- NURSE INITIAL

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**GIPPSLAND REGIONAL WOUND ASSESSMENT CHART**

**ALLERGIES / SENSITIVITIES**

| | 
|---|---|
| **Individual:** |  |
| **Date:** |  |
| **Place:** |  |
| **Purpose:** |  |
| **Referals:** |  |

**REFERALS**

- Wound Management
- Podiatrist
- Dietitian/Diabetic Ed (circle)
- Allied Health
- Medical (GP / Surgeon / Other)
- Other

**Nurse Signature**

Name, signature and designation: Date: / / 

**REGIONAL WOUND ASSESSMENT CHART**

**NEW ASSESSMENT DATE**

- Date: / / 

**WOUND NUMBER**

- Wound number: / / 

**Previous No. of visits carried forward**

- No. of visits: / 

**Final No. of visits**

- No. of visits: / 

**FIRST VISIT DATE**

- Date: / / 

**HEAL / DISCHARGE DATE**

- Date: / / 

**HEALED**

- Yes  No  

**WOUND TYPE / HISTORY**

- Acute  Chronic  History  Previous treatment if any

**FACTORS AFFECTING HEALING**

- Pressure Injury Classification
- Skin Tear Classification
- Lower Limb Ulcer

**Pressure Injury Classification**

- Stage I
- Category 1 (a)
- Lower Limb Ulcer

**Skin Tear Classification**

- Category 1 (b)
- Lower Limb Ulcer

**WOUND LOCATION**

- Left  Right  Anterior  Medial  Medline  Medial  Proximal  Circumferential  Distal
- Head  Neck  Face  Ear
- Arm Upper  Forearm  Hand  Digits
- Abdomen Upper  Abdomen Lower
- Chest  Breast(s)
- Back Upper  Back Lower  Hip
- Shoulder  Scapula  Buttocks
- Leg Upper  Leg Lower  Knee
- Foot Planar  Foot Dorsum  Toes

**INVESTIGATIONS**

- HbA1c
- Wound swab
- Arterial/Tibial Brachial Pressure Index
- Medication review
- Radiology
- Other

**Product Selection**

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| **Skin emollient:** |  |
| **Compression system and mmHg:** |  |

**Nurse Signature at change of regime: Date: / / 

This regime was altered because - This regime was altered because - 

**Secondary Dressing/s:** 

- Autolytic
- Mechanical
- Sharp

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**This regime was altered because -** 

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