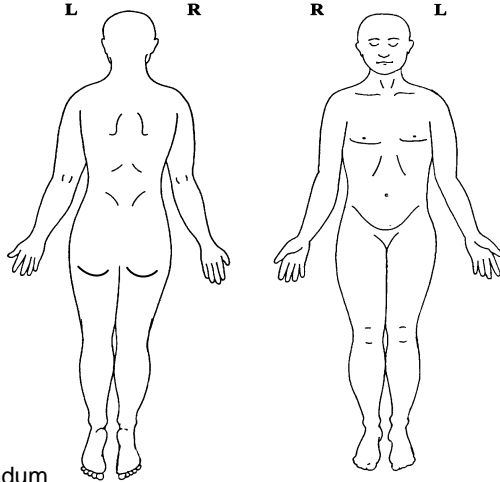


WOUND RECORD

Number Wound Site



See Addendum

Goals: Palliative/Maintenance Healing

Date: _____ ID _____

Wound Base:	Wound Margins:	Periwound Skin: (cm from edge)
R – Red	I – Irregular	I – Intact
Pk – Pink	R – Rolled	M – Maceration
Y – Yellow	PO – Punched Out	Ind – Induration/firmness
B – Black eschar	A – Attached	Er – Erythema/redness
G – Grey	UA – Unattached	T – Temperature
P – Purple	C – Callous	

Exudate Type:	Exudate Amount:	Odour:	Limb Colour:	Limb Edema: (extend up limb)
Sa – Sanguineous	N – None	Abs – Absent	P – Pale	N – None, A – Ankle,
P – Purulent	SC – Scant	Pres – Present	C – Cyanotic	K – Knee, Th – Thigh.
S – Serous	SM – Small 25% or less		H – Hemosiderin (brownish)	NP – Non-pitting
SS – Sero-sanguinous	M – Moderate 25-75%		R – Ruberous	P – Pitting (describe)
O – Other (describe)	L – Large 75% or more		O – Other (describe)	F – Fibrotic

Treatment Type: 1. Normal Saline Cleanse 2. Moist Wound Healing 3. Gauze Dressing 4. Ischemic Wound Treatment
5. Compression Therapy 6. Wound Irrigation 7. Other (specify)

WOUND # Lower limb – Venous Arterial Mixed Diabetic Pressure Ulcer – Stage # _____
Surgical – Open Closed – Date closed _____ Burn Skin Tear Other:

DATE/TIME									
Size in cm L / W									
Surface area (LxW)									
% change in area (↑ ↓)									
Depth in cm									
Undermining in cm									
Pain (0-10) (Comment)									
Wound Base									
Wound Margin									
Periwound Skin									
Exudate Type									
Exudate Amount									
Odour									
Limb Colour / Edema									
Pressure Ulcer Risk									
Packing <small>Describe type, size, amount</small>	Inserted								
	Removed								
Swab Taken									
Photo Taken									
See Notes									
Treatment Type: <i>(describe)</i>									
ID									

WOUND #	Lower limb – <input type="checkbox"/> Venous <input type="checkbox"/> Arterial <input type="checkbox"/> Mixed <input type="checkbox"/> Diabetic <input type="checkbox"/> Pressure Ulcer – Stage # _____ Surgical – <input type="checkbox"/> Open <input type="checkbox"/> Closed – Date closed _____ <input type="checkbox"/> Burn <input type="checkbox"/> Skin Tear <input type="checkbox"/> Other:									
DATE/TIME										
Size in cm L / W										
Surface area (LxW)										
% change in area (↑ ↓)										
Depth in cm										
Undermining in cm										
Pain (0-10) (Comment)										
Wound Base										
Wound Margin										
Periwound Skin										
Exudate Type										
Exudate Amount										
Odour										
Limb Colour / Edema										
Pressure Ulcer Risk										
Packing <small>Describe type, size and amount</small>	Inserted									
	Removed									
Swab Taken										
Photo Taken										
See Notes										
Treatment Type: <i>(describe)</i>										
ID										
WOUND #	Lower limb – <input type="checkbox"/> Venous <input type="checkbox"/> Arterial <input type="checkbox"/> Mixed <input type="checkbox"/> Diabetic <input type="checkbox"/> Pressure Ulcer – Stage # _____ Surgical – <input type="checkbox"/> Open <input type="checkbox"/> Closed – Date closed _____ <input type="checkbox"/> Burn <input type="checkbox"/> Skin Tear <input type="checkbox"/> Other:									
DATE/TIME										
Size in cm L / W										
Surface area (LxW)										
% change in area (↑ ↓)										
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Packing <small>Describe type, size, and amount</small>	Inserted									
	Removed									
Swab Taken										
Photo Taken										
See Notes										
Treatment Type: <i>(describe)</i>										
ID										