

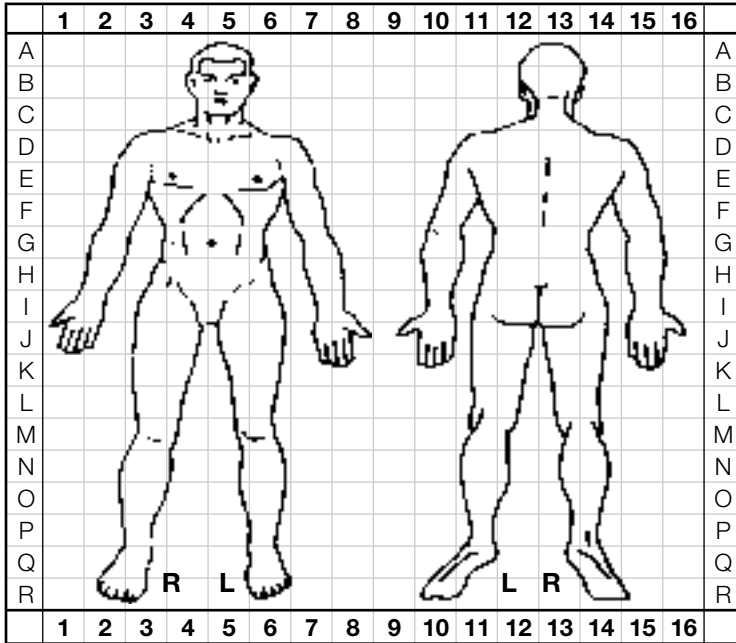


Company Name

# WOUND CARE FLOW SHEET

Patient: \_\_\_\_\_ ID#: \_\_\_\_\_

### WOUND IDENTIFICATION GRID



Mark location on figure. Number each site.

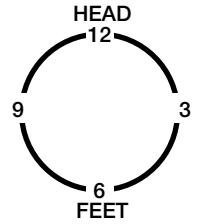
### WOUND MEASURING TOOL TO ASSESS L / W / D

To measure:

L \_\_\_ W \_\_\_ D \_\_\_ @ X

Place patient in anatomical position.

Imagine patient's head is 12 o'clock and feet 6, length (L) = 12 - 6, width (W) = 9 - 3, depth (D), (deepest part)



### SUGGESTED DOCUMENTATION TERMS

<b>Drainage:</b> Absent Present	<b>WOUND BED:</b> Red Pink White Gray Black	<b>WOUND TYPE:</b> Trauma Pressure Burn Venous Statis Diabetic Surgery
<b>Amounts:</b> Scant Small Moderate Large Copious	<b>Color:</b> Clear Blood Yellow Tan Purulent Fungus Granular Weeping Healthy	<b>Wound Margins:</b> Edematous Clean Calloused Intact Macerated Jagged
<b>Color:</b> Clear Blood Yellow Tan Purulent Fungus Granular Weeping Healthy	<b>Tissue:</b> Bloody Pale Sloughing Necrotic Eschar Granular Weeping Healthy	<b>SURROUNDING TISSUE:</b> Pink Cool White Warm Red Shiny Pale Edematous Blanched
<b>Odor:</b> Present Absent Musty	<b>Pain:</b> Yes: 1 (low) - 10 (high) No	

	Date:	Date:	Date:	Date:
<b>Wound Type</b>				
<b>Wound Location</b>				
<b>Measurements (Length, Width, Depth)</b>				
<b>Tunneling (Depth, Width)</b>				
<b>Drainage</b>				
Amount				
Color				
Odor				
<b>Wound Bed</b>				
Color				
Tissue				
Pain				
<b>Wound Margins</b>				
<b>Surrounding Tissue</b>				
<b>Nursing Considerations / Actions</b>				
Current TX / TX Changes				
Evaluation Needed (ET Nurse, Nutritional)				
Alternate Pressure Devices / Wound Vac				
Visit Frequency				
<b>Comments</b>				
<b>Nurse's Name</b>				
<b>Nurse's Signature</b>				