Wound Assessment form

Date: _____ Patient Name: _____ Patient ID: _____

Patient

Age: _____ years

Weight: _____ kgs

Gender: ☐ Male ☐ Female

Nutrition status: ☐ Well nourished ☐ Malnourished

Mobility status: ☐ Good mobility ☐ Bad Mobility

Smoking: ☐ Yes ☐ No

If yes, how many/day: _____

Alcohol: _____ units/week

Co-morbidities: _____

_____

_____

Medications: _____

ABPI (*if done*): _____ Date: _____

Wound description

Wound type: _____

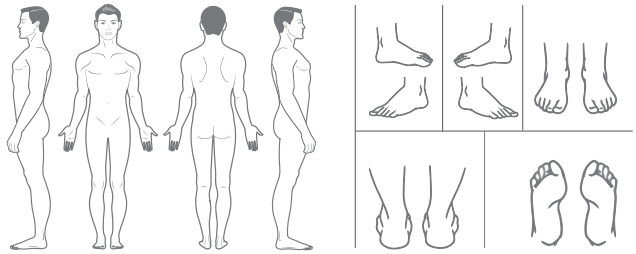
Duration of wound: _____

Previous treatments: _____

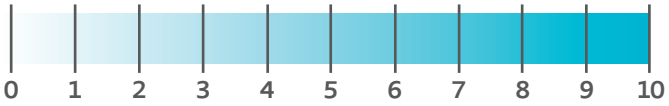
_____

Size: length ____mm width ____mm depth ____mm

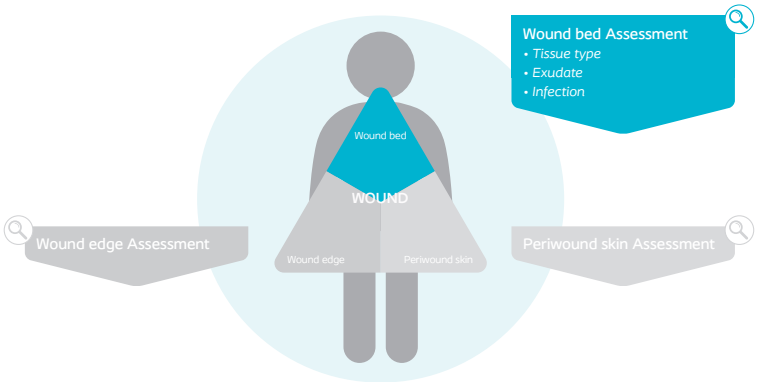
Wound location (please circle wound):



Pain level:



Wound bed assessment



Wound bed Assessment

Tissue type

Necrotic ☐ ____ % Granulating ☐ ____ %

Sloughy ☐ ____ % Epithelialising ☐ ____ %

Exudate

Level ☐ Dry ☐ Low ☐ Medium ☐ High

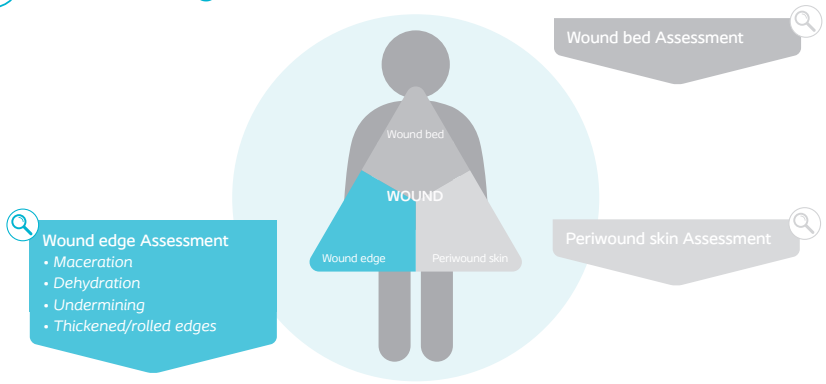
Type ☐ Thin/watery ☐ Cloudy ☐ Thick ☐ Purulent ☐ Clear ☐ Pink/red

Infection

Local	Spreading/systemic
☐ Increased pain	☐ Increased erythema
☐ Erythema	☐ Pyrexia
☐ Oedema	☐ Abscess/pus
☐ Local warmth	☐ Wound breakdown
☐ Increased exudate	☐ Cellulitis
☐ Delayed healing	☐ General malaise
☐ Friable granulation tissue	☐ Raised WBC count
☐ Malodour	☐ Lymphangitis
☐ Pocketing	

Coloplast

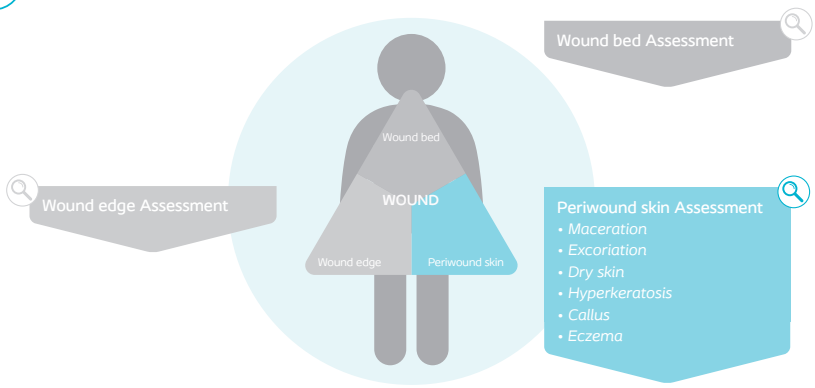
Wound edge assessment



Wound edge Assessment

Maceration	☐	
Dehydration	☐	
Undermining	☐	*Mark position* Extent: ____ cm
Rolled edges	☐	

Periwound skin assessment



Periwound skin Assessment

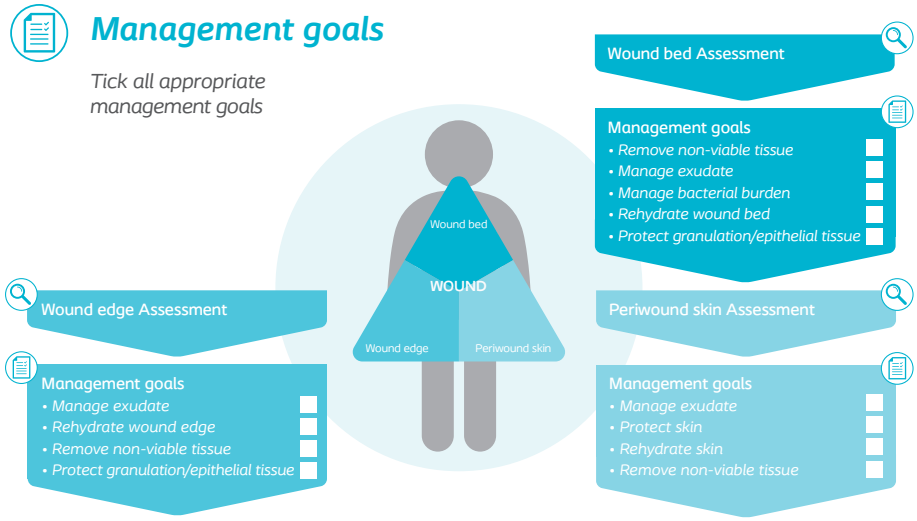
Maceration	☐	_____ cm
Excoriation	☐	_____ cm
Dry skin	☐	_____ cm
Hyperkeratosis	☐	_____ cm
Callus	☐	_____ cm
Eczema	☐	_____ cm

Status

Is the wound: ☐ N/A- First visit ☐ Deteriorating ☐ Static ☐ Improving

Management goals

Tick all appropriate management goals



Wound Management Goals

Write all management goals

Treatment choice

Treatment: _____ Dressing type/name: _____

Reason for choosing dressing: _____

Follow up plan

Date of next visit: _____ Main objective at next visit: _____

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