

WOUND ASSESSMENT & TREATMENT FLOW SHEET

Client Name: _____
 DOB: _____
 PHN: _____
 Year: _____

Wound Date of Onset _____

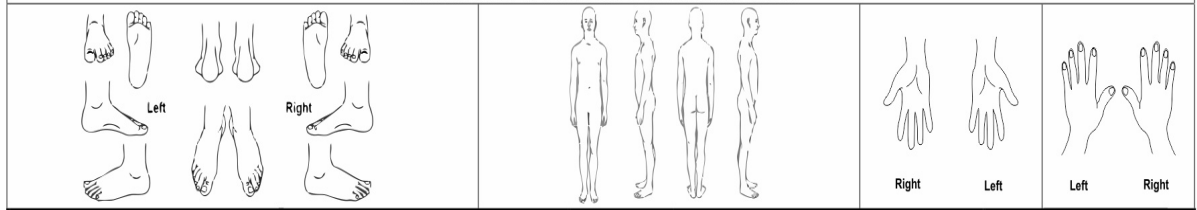
(Please fill out ONE form per wound) **Goal of Care:** To Heal To Maintain To Monitor / Manage

Wound Type / Etiology (if known) Pressure Venous Arterial Diabetic Surgical 2nd Intention Skin Tear Other

If Pressure Ulcer, chart one stage only and date. If change, chart new stage and date. Stage 1 (dd/mm) _____ Stage 2 (dd/mm) _____ Stage 3 (dd/mm) _____ Stage 4 (dd/mm) _____

Stage X (unstageable) (dd/mm) _____ Stage SDTI (Suspected Deep Tissue Injury) (dd/mm) _____

MARK LOCATION OF WOUND/ULCER WITH AN ARROW OR AN



Legend:		X or Blank Space = Not Applicable (as per agency)	[✓] = Assessed/Completed	PN = See Progress Notes
Wound Location:	Month/Year	Day		
	mm/yy	Time		
Wound Measurements in cm Head Toe Undermining/Sinus Tract: Location corresponds to face of clock with patient's head at 12 o'clock position	Length			
	Width			
	Depth			
	Sinus Tract #1 Depth			
	Location (o'clock)			
	Sinus Tract #2 Depth			
	Location (o'clock)			
	Undermining #1 Depth			
	Location (o'clock)			
	Undermining #2 Depth			
Location (o'clock)				
Wound Bed: Total % must = 100%	% Pink/Red			
	% Granulation (red pebbly)			
	% Slough			
	% Eschar			
	% Foreign body (sutures, mesh, hardware)			
	% Underlying structures (fascia, tendon, bone)			
	% Not visible			
	% Other:			
INITIALS				