R:	DOB:	
JRNAME:	GIVEN:	
esidential address:		
ocality:	Postcode:	
none (home):	Mobile:	
	LISE I AREL IE AVAII ARLE	

GIPPSLAND REGIO	NAL	Residential addr	ress:		-		
WOUND ASSESSMI	ENT	Locality:			Postcode:		
		Phone (home):			Mobile:		
OHARI				US	E LABEL IF AVAILABLE		
DATE / / WOUND LO	CATION				WOUND NO)	
ALLERGIES / SENSITIVIES :							
WOUND HISTORY (Approximate wounding of	date, Mechanism	n of injury, Previo	ous tre	eatment	etc)		
WOUND TYPE							
☐ Acute – Surgical / Crush / Burn / Trauma		☐ Lymphatic	/ Cellu	ulitis with	no previous ulcer		
☐ Atypical - Malignancy / Irradiation		☐ Undiagnos	sed wo	und			
☐ Fistula / Abscess / Pilonidal sinus / Drain	tube	☐ Diagnosed	woun	d (Pyod	erma Gangrenosum; Mycob	acterium Ulcerans)	5
Pressure Injury Classification	ISTAP Skin Tea	r Classification		Lowe	r Limb Ulcer		NO CIND ASSESSMENT CITY
□ Stage I	□ Type 1 -	No skin loss			Leg Ulcer – Arterial		d
☐ Stage II		•			Leg Ulcer – Venous		
	☐ Type 3 -	Full flap loss			Leg Ulcer – Mixed disease		,
					Neuro / Ischaemic ulcer		1
CHART WOUND LOCATION ALLERGIES / SENSITIVIES: WOUND HISTORY (Approximate wounding date, Mechanism of injury, Previous treatment etc) WOUND HISTORY (Approximate wounding date, Mechanism of injury, Previous treatment etc) WOUND TYPE Acute - Surgical / Crush / Burn / Trauma Hypical - Malignancy / Irradiation Diagnosed wound (Pyoderma Gries of the province of				Neuropathic		7	
					Undiagnosed leg ulcer		J
FACTORS AFFECTING HEALING							
	☐ Smoking)			Cardiovascular disease (C	CF / PAD / IHD)	
·					Medications		
	☐ Respirat	tory Disease			Lymphoedema		
							ے ا
WOUND LOCATION		R		-		DATE	ĻÈ
					Management CNC]
()				Medical	(GP / Surgeon)		
				Podiatri	st		
	1 1			Dietitian			
// //	/ / /			Diabetic	Nurse Educator		
				Physioth	nerapist		
2/1 . 1 \> 4/		4		Other			
and I I mis and	\	N IN	IVEST	IGATIO	NS	DATE	
\ \ \	1 // /			HbA1c			_
1 () 1				Ankle/T	oe Brachial Pressure Index		
\	1///			Wound	swab		
<u> </u>				Duplex	Ultrasound Arterial / Venous		
El lind	# (*)			Medicat	ion review		
Front	Back			Radiolo	gy		
				Other (I	ist)		
NAME, SIGNATURE AND DESIGNATION							
					Date:	1 1	
						<u> </u>	

WOUND REGIME

AFFIX LABEL HERE

DATE:	NURSE SIGNATURE:		DRESSING FREQUENCY:					
DEBRIDEMENT FREQUENCY:		DEBRIDEMENT MODE:	Autolytic					
Dressing regime (Cleansin	g, dressings, offloading and comp	oression regime)						
Rationale for changing th	s regime:							
DATE	AULDOS CICALATURS.		DDESCING EDECUENCY					
DATE:	NURSE SIGNATURE:	DEDDIDEMENT MODE	DRESSING FREQUENCY: Autolytic Mechanical Sharp Nil	п				
DEBRIDEMENT FREQUEN	g, dressings, offloading and comp		Autolytic in Mechanical in Sharp in Mil					
Dressing regime (Cleansin	g, dressings, ornoading and comp	oression regime)						
Rationale for changing thi	is regime:							
DATE:	NURSE SIGNATURE:		DRESSING FREQUENCY:					
DEBRIDEMENT FREQUEN	CY:	DEBRIDEMENT MODE:	Autolytic 🗖 Mechanical 🗖 Sharp 🗖 Nil					
Dressing regime (Cleansin	g, dressings, offloading and comp	pression regime)						
Pationals for changing th	ic roaima:							
Rationale for changing thi	s regime.							
DATE:	NURSE SIGNATURE:		DRESSING FREQUENCY:					
DEBRIDEMENT FREQUEN		DEBRIDEMENT MODE:	Autolytic ☐ Mechanical ☐ Sharp ☐ Nil					
Dressing regime (Cleansin	g, dressings, offloading and comp		,					
Rationale for changing thi	is regime:							
DATE DEPOSIT FOR OUT IN	NURSE SIGNATURE:	DEDDIDENAENT NAODE	DRESSING FREQUENCY:					
DEBRIDEMENT FREQUENCY: Dressing regime (Cleansing, dressings, offloading and comp		1	Autolytic	<u> </u>				
DIESSING LEGITIE (CIERLISIII	g, aressings, ornoduling and comp	nession regime)						
Rationale for changing thi	is regime:							

GIPPSLAND REGIONAL WOUND ASSESSMENT CHART

AFFIX LABEL HERE

					T	
unt						
۸mo						
Exudate Amount	Mod – up to 2-3 days wear ++					
xud	Heavy – less than 24 hours wear +++					
ü	zadate meredamb					
ā						
typ	Serous 🗸					
Exudate type	Haemoserous 🗸					
Exu	Sanguineous √					
	Purulent					
	Healed (epithelial) / Intact suture line %					
	Granulation %					
sue	Slough %					
d tis	Eschar %					
d be	Other Eg. Tendon/bone - list					
Wound bed tissue	Hypergranulation ✓					
Š	Red friable / bleeding tissue ✓					
	Epithelial bridging ✓	2-3 days wear +++ han 24 hours wear ++++ lasing				
	Granulation pocketing ✓					
Debi	ridement: Autolytic (A) Mechanical (M) Sharp (S)					
pu	Healthy / Intact ✓					
won	Macerated / Excoriated ✓					
Peri	Oedema ✓					
and	Dry / Scaly / Callous ✓					
Edges and Periwound	Rolled Edges ✓					
Ed	Erythema (E), Heat (H), Odour (O)					
	Length x Width x Depth (cm)					
Weekly Monitoring	Undermined (cm)					
nito	Traced ✓					
Mo	Photo ✓					
ekly	Circumference Right ankle / calf (cm)	/	/	/	/	/
We	Left ankle / calf (cm)	/	/	/	/	/
	Increase in wound size or circumference					
	Pre dressing pain (Rate 1 – 10)					
Pain	Procedural pain (Rate 1 – 10)					
9	Post dressing pain (Rate 1 – 10)					
	Increase in wound pain or new pain					
						increased
	Dressing regime changed (Yes / No)	i, injection an	a 701 potentil	ar biojiim jorm	ution	
					1	
					1	1

GIPPSLAND REGIONAL WOUND ASSESSMENT CHART

AFFIX LABEL HERE

/	/	/	/	/	/	/	/	/	
/	/	/	/	/	/	/	/	/	
ALERT	Shaded a	reas indicate t	hat biofilm ba	sed wound m	anagement is	required due	to increased	bioburden,	
			infection	and /or pote	ntial biofilm f	ormation			
						<u> </u>		1	