

<div>GIPPSLAND REGIONAL WOUND ASSESSMENT CHART</div>	UR:	DOB:
	SURNAME:	GIVEN:
	Residential address:	
	Locality:	Postcode:
	Phone (home):	Mobile:
USE LABEL IF AVAILABLE		

DATE	/	/	WOUND LOCATION		WOUND NO	
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ALLERGIES / SENSITIVIES :

WOUND HISTORY (Approximate wounding date, Mechanism of injury, Previous treatment etc)

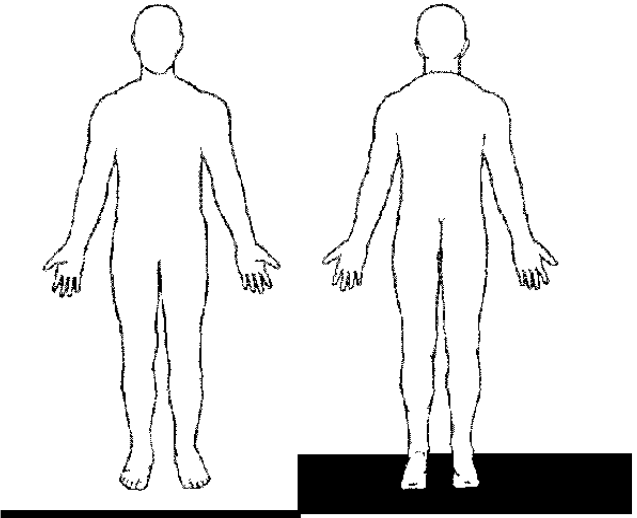
WOUND TYPE

<input type="checkbox"/> Acute – Surgical / Crush / Burn / Trauma	<input type="checkbox"/> Lymphatic / Cellulitis with no previous ulcer
<input type="checkbox"/> Atypical - Malignancy / Irradiation	<input type="checkbox"/> Undiagnosed wound
<input type="checkbox"/> Fistula / Abscess / Pilonidal sinus / Drain tube	<input type="checkbox"/> Diagnosed wound (Pyoderma Gangrenosum; Mycobacterium Ulcerans)

Pressure Injury Classification	ISTAP Skin Tear Classification	Lower Limb Ulcer
<input type="checkbox"/> Stage I	<input type="checkbox"/> Type 1 - No skin loss	<input type="checkbox"/> Leg Ulcer – Arterial
<input type="checkbox"/> Stage II	<input type="checkbox"/> Type 2 - Partial flap loss	<input type="checkbox"/> Leg Ulcer – Venous
<input type="checkbox"/> Stage III	<input type="checkbox"/> Type 3 - Full flap loss	<input type="checkbox"/> Leg Ulcer – Mixed disease
<input type="checkbox"/> Stage IV		<input type="checkbox"/> Neuro / Ischaemic ulcer
<input type="checkbox"/> Unstageable		<input type="checkbox"/> Neuropathic
<input type="checkbox"/> Suspected deep tissue injury (SDTI)		<input type="checkbox"/> Undiagnosed leg ulcer

FACTORS AFFECTING HEALING

<input type="checkbox"/> Diabetes	<input type="checkbox"/> Smoking	<input type="checkbox"/> Cardiovascular disease (CCF / PAD / IHD)
<input type="checkbox"/> Autoimmune (Rheumatoid Arthritis)	<input type="checkbox"/> Anaemia	<input type="checkbox"/> Medications
<input type="checkbox"/> Poor Nutrition	<input type="checkbox"/> Respiratory Disease	<input type="checkbox"/> Lymphoedema
<input type="checkbox"/> Other :		

WOUND LOCATION	REFERRALS	DATE
 <div>FrontBack</div>	<input type="checkbox"/> Wound Management CNC	
	<input type="checkbox"/> Medical (GP / Surgeon)	
	<input type="checkbox"/> Podiatrist	
	<input type="checkbox"/> Dietitian	
	<input type="checkbox"/> Diabetic Nurse Educator	
	<input type="checkbox"/> Physiotherapist	
	<input type="checkbox"/> Other	
	INVESTIGATIONS	DATE
	<input type="checkbox"/> HbA1c	
	<input type="checkbox"/> Ankle/Toe Brachial Pressure Index	
<input type="checkbox"/> Wound swab		
<input type="checkbox"/> Duplex Ultrasound Arterial / Venous		
<input type="checkbox"/> Medication review		
<input type="checkbox"/> Radiology		
<input type="checkbox"/> Other (list)		

NAME, SIGNATURE AND DESIGNATION

	Date: / /
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WOUND ASSESSMENT CHART

WOUND REGIME	AFFIX LABEL HERE
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DATE:	NURSE SIGNATURE:	DRESSING FREQUENCY:
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DEBRIDEMENT FREQUENCY:	DEBRIDEMENT MODE:	Autolytic <input type="checkbox"/> Mechanical <input type="checkbox"/> Sharp <input type="checkbox"/> Nil <input type="checkbox"/>
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Dressing regime (Cleansing, dressings, offloading and compression regime)

Rationale for changing this regime:

DATE:	NURSE SIGNATURE:	DRESSING FREQUENCY:
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DEBRIDEMENT FREQUENCY:	DEBRIDEMENT MODE:	Autolytic <input type="checkbox"/> Mechanical <input type="checkbox"/> Sharp <input type="checkbox"/> Nil <input type="checkbox"/>
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