

Wound Management

**DO NOT USE THIS TEMPLATE 'AS IS'.
DO NOT COPY WITHOUT PERMISSION.**

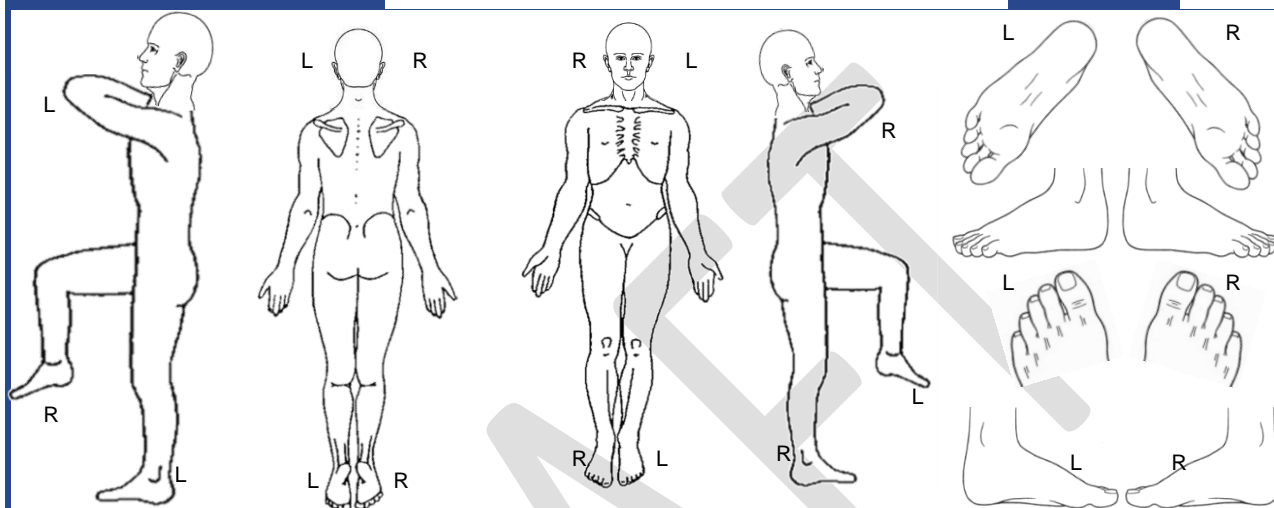
For permission and access to MS Word version, please contact Lisa Hewitt on mobile phone: 0428112004 or email: lhewitt@bendigohealth.org.au
Prior to use by a particular health service, all yellow highlighted areas must be removed and replaced with relevant form names & MR numbers for that service.
Staff education is required prior to implementation.

Complete one form for each wound.

Small wounds on the same body part, with the same aetiology and treatment may be recorded as a single wound on a single form

Describe Wound Location:

Wound No.



Wound On Lower Limb?

☐ No ☐ Yes → Arrange a lower limb vascular assessment by a podiatrist or nurse competent in this area.
Details:

Wound Type
Select one only

VHIMS ID



☐ No VHIMS

Allergies / Sensitivities

Photography

Skin Tear	Pressure Injury (PI)	Lower Limb	Other:
STAR Category	Stage	Common Ulcer Types	
<input type="checkbox"/> 1a	<input type="checkbox"/> 1	<input type="checkbox"/> Venous	<input type="checkbox"/> Surgical (open) <input type="checkbox"/> Surgical - Closed (primary intention)
<input type="checkbox"/> 1b	<input type="checkbox"/> 2	<input type="checkbox"/> Arterial / ischaemic	<input type="checkbox"/> Trauma (other than skin tear)
<input type="checkbox"/> 2a	<input type="checkbox"/> 3	<input type="checkbox"/> Lymphatic	<input type="checkbox"/> Fistula <input type="checkbox"/> Abscess <input type="checkbox"/> Drain tube <input type="checkbox"/> Pilonidal sinus
<input type="checkbox"/> 2b	<input type="checkbox"/> 4	<input type="checkbox"/> Mixed disease	<input type="checkbox"/> Burn <input type="checkbox"/> Radiation skin reaction <input type="checkbox"/> Malignant
<input type="checkbox"/> 3	<input type="checkbox"/> Unstageable	<input type="checkbox"/> Neuropathic	<input type="checkbox"/> Mucosal Pressure Injury
	<input type="checkbox"/> Suspected DTI	<input type="checkbox"/> Neuro-ischaemic	<input type="checkbox"/> IAD <input type="checkbox"/> Other MASD
			<input type="checkbox"/> Atypical wound diagnosis – type:
			<input type="checkbox"/> Undiagnosed (refer to specialist service)

Include dressings and other topical agents.

☐ Consent for clinical imaging obtained & documented on **Form Name** Rxxx Date: / /

Wound History

☐ See details in MR XXX

Date first occurred / / **How did it start?** ☐ Surgery (state type below) ☐ Other: State Below
Or estimate duration:

Previously Managed By:

☐ n/a – new wound ☐ GP/ Practice Nurse ☐ District Nursing ☐ Wound Clinic ☐ Family ☐ Self
☐ Other: Details:

Goals

☐ See details in MR XXX

☐ **Acute Wound** → (Occurred suddenly, +/- intention, no complications) → GOAL = Heal within 2 weeks
☐ **Complex Wound** → Consider Wound-related symptoms of concern to patient/carers: ☐ None
(All Non-Acute wounds). ☐ Pain ☐ Malodour ☐ Dressings leaking ☐ Stress ☐ Impacting on life
Overall Goal: ☐ Healing or ☐ Symptom Management / Palliation
Interim goals: e.g. management of symptoms, aetiology and/or factors delaying healing

Factors with potential to delay healing

☐ Diabetes ☐ Stress/Pain ☐ Chemotherapy ☐ Other:
☐ Anaemia ☐ Oedema ☐ Radiotherapy
☐ Smoking ☐ Prednisolone / steroids ☐ Malnutrition ☐ None identified

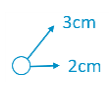
New wound-related referrals

☐ Podiatry ☐ Dietitian ☐ OT ☐ Specialist Wound Service / CNC / NP ☐ Requested GP to refer to medical specialist
Details / other referrals:

Wound Management

ASSESSMENT at each dressing change			Highlighted rows = indicators of possible infection					
Previous dressing		Date:						
Exudate Level	Dry: (Unmarked)	✓						
	Moist: (Lightly marked)	✓						
	Wet: (Heavily marked)	✓						
	Saturated: (Saturated /strikethrough)	✓						
	Leaking: (Exudate escaping)	✓						
	Exudate increasing	✓						
Exudate Type	Serous	✓						
	Serosanguinous	✓						
	Sanguinous	✓						
	Seropurulent	✓						
	Purulent	✓						
	Haemopurulent	✓						
	Other:	✓						
Tissue at Base of Wound	Granulating / Epithelialising (%)							
	Slough (%)							
	Necrosis (%)							
	Foreign body – type: (%)							
	Other – types: (%)							
	Hypergranulation (%)							
	Bleeding / friable granulation	✓						
	Pocketing in granulation	✓						
Edge	Epithelial bridging	✓						
	Level and attached	✓						
	Rolled	✓						
	Undermined	✓						
	Inflamed ?Infection	✓						
Peri wound	Other:	✓						
	Healthy & intact	✓						
	Maceration / excoriation	✓						
	Dry	✓						
	Scaly / Hyperkeratosis	✓						
	Oedema	✓						
	Lymphorrhoea (leaking lymphatic fluid)	✓						
	Erythema	✓						
	Induration	✓						
Malodour	Increased heat	✓						
	Other:	✓						
	Nil / Mild	✓						
	Moderate	✓						
Pain	Severe: Extends outside of room	✓						
	Increasing malodour	✓						
	Worst since previous dressing /10							
	Worst during dressing change /10							
Pain	Waking at night due to pain? /10							
	? Infection - New or increasing pain							

Wound Management

		Date:						
Measurements	Measure & photograph [] Weekly [] Monthly [] Other: (Non-palliative wounds should be measured & photographed weekly)	Max length (cm)						
		Max width (cm)						
		Max depth (cm)						
		[] Undermining / [] Tunnelling						
		Indicate "clock-face" direction from wound edge & length in cm from edge of wound. Head = 12 o'clock E.g. 						
	See progress notes (if more large / complex)	P						
Evaluation of Progress	Healed	✓						
	Improved	✓						
	No significant change	✓						
	Deteriorated	✓						
	See progress notes	P						
		Signature:						

Treatment Plans

		START DATE:	/ /	by Name:	Signature	Desig:
TREATMENT PLAN	Rationale for altering treatment n/a: [] First plan [] Continuation with no plan change	[] Wound dehydrated/dressing adhered [] New/increased signs of infection [] Dressing saturated/leaking [] Other: Change earlier if saturated, leaking or dislodged				
	Frequency	[] Weekly [] Daily [] Other:				
	Analgesia / Pain Management					
	Regional Care (e.g. entire lower limb)	Hygiene - [] Bag for shower [] Disposable bath wipes [] Other: [] Apply cream / ointment / lotion - Type:				
	Peri wound (protection from exudate)	[] Apply protective barrier - Type:				
	Cleansing	Solution: [] Nil [] N/S [] Antimicrobial / surfactant → Type: Soak time:				
	Debridement	[] None- keep wound dry [] Moist wound care (see dressings plan below) [] Mechanical Debridement pad – Type & frequency: [] CSWD by frequency:				
	Primary Dressing - directly on wound bed:					
	Secondary Dressing – over primary dressing					
	Fixation / Compression / Offloading					
Forward Planning:						
RECORD	CEASE DATE:	/ /	by Name:	Signature	Desig:	
	Date: (dressing / treatment attended):					
	Debridement attended (per plan) = D					
	Variance to above plan = V					
	Further details in progress notes = P					
Signature						

Wound Management

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