Clinical Wound Assessment

General Healing Assessment

Name: ____

NHI: ____

Complete all areas and tick applicable boxes. Add qualifying details in comments section.

FACTORS THAT INHIBIT HEALING

- ☐ Diabetes
- ☐ Anaemia
- ☐ Rheumatoid Arthritis
- ☐ Smoking
- ☐ Malignancy
- ☐ Inflammatory Bowel
- ☐ Foreign Bodies
- ☐ Renal Disease
- ☐ Poor Vascularity
- ☐ Other

Comments:

MEDICATION

☐ Steroids ☐ Cytotoxics ☐ Immunosuppressants ☐ NSAIDs ☐ Antibiotics

Allergies:

NUTRITIONAL STATUS

☐ Good ☐ Average ☐ Poor ☐ Tube & Supplements ☐ Tube Only ☐ IV ☐ TPN

Comments:

WEIGHT FOR HEIGHT

☐ Below Average ☐ Average ☐ Above Average

Recent Weight Loss ☐ Yes ☐ No kg Recent Weight Gain ☐ Yes ☐ No kg

Comments:

MOBILITY

☐ No Limitations ☐ Slightly Limited ☐ Very Limited ☐ Immobile

Comments:

ADJUNCT THERAPIES

☐ Chemotherapy ☐ Radiotherapy ☐ Other Therapy

Comments:

DIAGNOSTIC INVESTIGATIONS *(list and date procedure and results, MRSA status)*

- ☐ Multi-resistant bacteria
- ☐ CNS aware
- ☐ Wound swab
- ☐ CNS aware
- ☐ Biopsy
- ☐ X-Ray
- ☐ Other

OTHER HEALTH PROFESSIONAL INTERVENTIONS (eg Clinics, Podiatry)

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WOUND LOCATION:
WOUND TYPE:
AETIOLOGY:
WOUND DURATION:
SENSITIVITIES/ADVERSE REACTIONS TO WOUND CARE PRODUCTS:

COMPLETE WOUND TRACING FOR ALL WOUNDS – NOTE ANY SINUS TRACKS

	Date	Date	Date	Date
Dimensions (Record on Grid)				
Width	mm	mm	mm	mm
Length	mm	mm	mm	mm
Depth	mm	mm	mm	mm
Greatest Cavity/Sinus	mm	mm	mm	mm
Clinical Appearance				
Granulating	0 25 50 75 100%	0 25 50 75 100%	0 25 50 75 100%	0 25 50 75 100%
Epitheliating	0 25 50 75 100%	0 25 50 75 100%	0 25 50 75 100%	0 25 50 75 100%
Sloughy	0 25 50 75 100%	0 25 50 75 100%	0 25 50 75 100%	0 25 50 75 100%
Necrotic	0 25 50 75 100%	0 25 50 75 100%	0 25 50 75 100%	0 25 50 75 100%
Hypergranulation	0 25 50 75 100%	0 25 50 75 100%	0 25 50 75 100%	0 25 50 75 100%
Wound Edges				
Pink/Red	☐ Yes ☐ NO	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Purple/Black	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Raised	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Rolled	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Undermined Cavity	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Exudate Amount				
	☐ Nil ☐ Low	☐ Nil ☐ Low	☐ Nil ☐ Low	☐ Nil ☐ Low
	☐ Mod ☐ Hvy	☐ Mod ☐ Hvy	☐ Mod ☐ Hvy	☐ Mod ☐ Hvy
Type				
Serous	☐	☐	☐	☐
Haemoserous	☐	☐	☐	☐
Sanguineous	☐	☐	☐	☐
Purulent	☐	☐	☐	☐
Other	☐	☐	☐	☐
Odour	☐ Nil	☐ Nil	☐ Nil	☐ Nil
	☐Malodour	☐ Malodour	☐ Malodour	☐ Malodour
Surrounding Skin	☐	☐	☐	☐
Normal	☐	☐	☐	☐
Erythema	☐	☐	☐	☐
Oedematous	☐	☐	☐	☐
Macerated	☐	☐	☐	☐
Fragile/Thin	☐	☐	☐	☐
Dry/Scaly	☐	☐	☐	☐
Dermatitis (Eczema)	☐	☐	☐	☐
Induration	☐	☐	☐	☐
Other	☐	☐	☐	☐
Pain Severity (Score 0-10)	☐ Intermittent	☐ Intermittent	☐ Intermittent	☐ Intermittent
Frequency (if over 0)	☐ Continuous	☐ Continuous	☐ Continuous	☐ Continuous
R/T Dressing Disease or Surgery				

RN Name	**Designation**	**Signature**