Patient ID

Surname_____ CHI No _____

Forename _____ Sex _____

DoB _____

Adult Wound Assessment and Healing Chart

NHS SCOTLAND

Care setting: _____

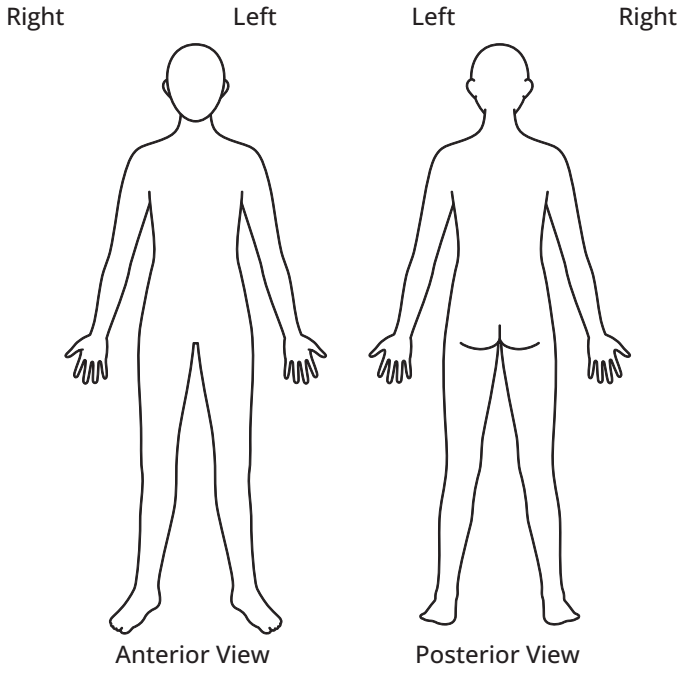
Ward/Department: _____

Assessment Chart

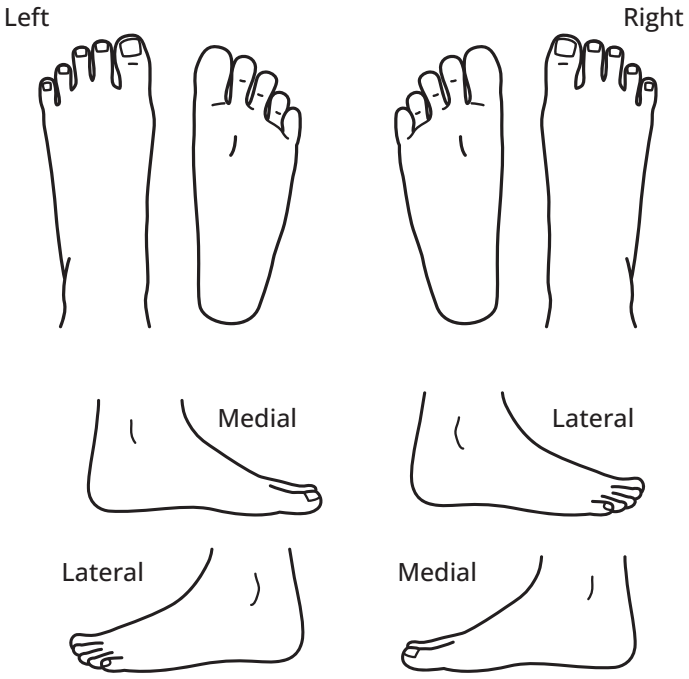
For every patient with a wound(s) complete the wound assessment chart (page 1). For each wound a separate wound measurement chart and wound healing plan must be completed (pages 3 & 4 and pages 5 & 6). The numbers on the charts on the wound measurement chart and wound healing plan should correspond with wound assessment body map.
No more than 2 wounds per chart

Circle factors that could delay healing and address in person- centered care plan:
Anaemia/Anti-Coagulants/Chemotherapy/Circulatory Disease/Diabetes/Immobility/Inotropes/Medication/Oedema/Poor Nutrition/ Respiratory/Steroids/Wound Infection

Allergies, Sensitives, Other (i.e. concordance issues, obesity):



Mark wound with a number.
Enter number beside wound type in table below.



Mark location with "X" (refer to referral pathway)

Wound type	Enter the number on body chart beside the corresponding wound type
Abscess	
Burn	
Foot Ulcer	
Leg Ulcer (ensure full leg ulcer assessment is carried out as per local protocol)	
Moisture Damage	
Pressure Ulcer (state grade)	
Skin Tear	
Surgical Wound	
Trauma	
Other & specify	

Assessor Details

Name: _____ Signature: _____

Designation: _____ Date: _____ Time: _____

Patient ID label

Adult Wound Assessment and Healing Chart Guidelines

It is **mandatory** to complete wound chart for all wounds requiring ongoing intervention.

Only update the wound healing plan when prescribed treatment has changed. The wound assessment must be completed at least every 7 days.

- **Wound dimensions –** measure wound in cm/mm. Use disposable tape measure e.g. in wound dressing packs or measuring scales on some wound dressing product packaging. DO NOT USE multiple use measuring tools
  - » Length is from head to toe
  - » Width is from right to left
  - » Depth of wound should be measured
- Record if tracking or undermining is present to help identify full extent of wound and possibility of sinus/ fistula. The 12 o'clock position corresponds to the top of the wound and 3 o'clock to patients left side, add corresponding dimensions.
- Record direction of undermining/ tracking on clock diagram in Adult Wound Measurement Chart (pages 3 and 5).
- Identify tissue types on wound bed in %
- Record % of each tissue type to obtain 100%, will identify if treatment objectives being achieved.
- **Wound Exudate -** identify exudate levels and record type of exudate

Descriptor	Description
None	Wound tissues dry
Low	Wound tissues wet, moisture evenly distributed in wound <25% of dressing soiled
Medium	Wound tissues saturated, drainage may or may not be evenly distributed in wound, 25%-75% of dressing soiled
High	Wound tissues bathed in fluid, drainage freely expressed, may or not be evenly distributed in the wound, >75% of dressing soiled
Serous	Clear, light colour, Thin, watery
Haemoserous	Light red to pink, Thin, watery
Purulent / Pus	Yellow, tan to green, Thick, opaque

- Monitor for signs of infection
- Treatment objectives - determine treatment objectives to guide dressing choice and plan care
- It is good practice to ensure that the person's skin is healthy and moisturised to protect the peri- wound skin. If required add emollient and/ or barrier product application to person centered wound healing plan.

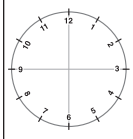
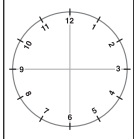
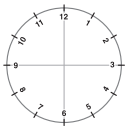
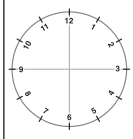
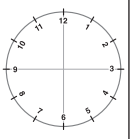
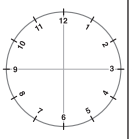
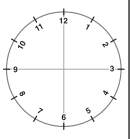
Cavity Wound

- **Do not use multiple lengths of dressing due to the potential for retention of product. Gently and loosely insert dressing into cavity wound. If a dressing is "packed" tightly it may inhibit drainage of exudate by forming a plug.**
- If change in care plan discontinue previous care plan by one score through, initial and date
- If wound has not progressed within two weeks, refer to relevant wound specialist.

Adult Wound Measurement Chart Please complete separate wound measurement chart for each wound.

Patient ID label

Wound Measurement Chart
It is **mandatory** to complete a formal wound assessment for every wound requiring treatment / intervention:
- At least every 7 days
- If treatment is being changed
- If there is any significant change in the wound

Wound number								
Date of Assessment								
Time of Assessment								
Pre-dressing analgesia required	YES / NO	YES / NO	YES / NO	YES / NO	YES / NO	YES / NO	YES / NO	YES / NO
Wound Dimension – Wounds MUST be measured using a single use measure - Do not estimate. Record tracking/undermining information to clock face.								
Length/Width/Depth(cm)	L: W: D:	L: W: D:	L: W: D:	L: W: D:	L: W: D:	L: W: D:	L: W: D:	L: W: D:
Is wound: Tracking Undermining								
Photography obtained	YES / NO	YES / NO	YES / NO	YES / NO	YES / NO	YES / NO	YES / NO	YES / NO
Tissue Type on Wound Bed (percentage total must = 100%)								
Necrotic (black)	%	%	%	%	%	%	%	%
Sloughy (yellow/green)	%	%	%	%	%	%	%	%
Granulating (red)	%	%	%	%	%	%	%	%
Epithelialiasing (pink)	%	%	%	%	%	%	%	%
Hypergranulating (red)	%	%	%	%	%	%	%	%
Blister	%	%	%	%	%	%	%	%
Haematoma	%	%	%	%	%	%	%	%
Bone/tendon visible	%	%	%	%	%	%	%	%
Other _____	%	%	%	%	%	%	%	%
Wound Exudate Levels/Type (tick all that apply) Refer to guidance								
None								
Low								
Medium								
High								
Serous (straw)								
Haemoserous (red/straw)								
Purulent (green/brown)								
Skin Surrounding Wound (tick relevant boxes) *Measure the spread of Erythema from wound edge								
Healthy/intact								
Dry/scaly								
Erythema (red)*	cm	cm	cm	cm	cm	cm	cm	cm
Excoriated (red)								
Fragile								
Macerated (white)								
Oedematous								
Signs of Infection - two or more of these signs may indicate possible infection								
Local heat								
Increasing exudate								
Increasing odour								
Increasing pain								
Deteriorating wound bed								
Cellulitis								
Treatment Objectives (tick relevant boxes)								
Absorption								
Hydration								
Debridement								
Palliative/Conservative								
Protection/promote healing								
Reduce bacterial load								
ASSESSOR INITIAL/DESIGNATION								
Re-assessment Date								

Adult Wound Healing Plan Please complete separate plan for each wound.

Patient ID label

Wound Number: _____

Complete on inital assessment, thereafter, complete when regime is altered

Dressing Plan	Dressing Choice	Rationale for Treatment plan including any new allergies or sensitivities
Cleansing Method		
Treatment to surrounding skin (if appropriate, e.g. skin barrier film)		
Primary Dressing: • Dressing • Size of dressing • Number of dressings inserted into cavity/ used on wound bed or fibre dressing, 2.5cmx40cm, x3		**Frequency of dressing change**
		Has the person centered wound healing plan be discussed and agreed with patient/ carer? **YES / NO** Comments:
Secondary Dressing		
Person-centred goals		
Exudate, Odour, Pain		**Treatment Plan completed by: _____ Designation: _____ Date: _____**

Dressing Plan	Dressing Choice	Rationale for Treatment plan including any new allergies or sensitivities
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Adult Wound Measurement Chart Please complete separate wound measurement chart for each wound.

Patient ID label

Wound Measurement Chart
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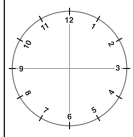
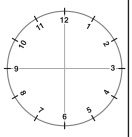
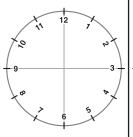
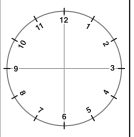
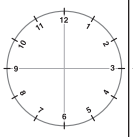
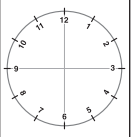
- If there is any significant change in the wound

Wound number								
Date of Assessment								
Time of Assessment								
Pre-dressing analgesia required	YES / NO	YES / NO	YES / NO	YES / NO	YES / NO	YES / NO	YES / NO	YES / NO
Wound Dimension – Wounds MUST be measured using a single use measure - Do not estimate. Record tracking/undermining information to clock face.								
Length/Width/Depth(cm)	L: W: D:	L: W: D:	L: W: D:	L: W: D:	L: W: D:	L: W: D:	L: W: D:	L: W: D:
Is wound: Tracking Undermining								
Photography obtained	YES / NO	YES / NO	YES / NO	YES / NO	YES / NO	YES / NO	YES / NO	YES / NO
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Patient ID label

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Person-centred goals		
Exudate, Odour, Pain		**Treatment Plan completed by: _____ Designation: _____ Date: _____**

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Secondary Dressing		
Person-centred goals		
Exudate, Odour, Pain		**Treatment Plan completed by: _____ Designation: _____ Date: _____**

Adult Wound dressing change log

To be completed at EVERY dressing change

Patient ID label

Date	Time	Wound Number	Number of sheets/ribbons removed from wound	If dressing change is unplanned please state the reason e.g. swab taken, dressing adhering or dressing saturated	Additional Comments e.g. swab obtained, reason or investigation requested, wound photographed,	Sign, Print , Designation

Adult Wound dressing change log

To be completed at EVERY dressing change

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