CARE 24/7 HEALTHCARE

Care 24/7 Healthcare Limited
Address: 1-3, MAP House, St Leonards Road, Eastbourne, BN21 3UT
T: 01323 370232 | **E:** info@care247healthcare.co.uk
W: www.care247healthcare.co.uk | Registration Number: 09909827

Wound Assessment & Treatment

A: PERSONAL DETAILS OF SERVICE USER		
Surname:	**First Name(s):**	**Likes to be known as:**
Age last birthday:	**Date of Birth:**	**Service User's GP:**

B: DETAILS OF WOUND	
TYPE OF WOUND	
ASSOCIATED CLINICAL PROBLEMS	

C: WOUND ASSESSMENT									
	DATE:								
	TIME:								
Wound Type	Surgical								
	Pressure Sore								
Severity of Wound	Shallow								
	Deep								
Severity of Wound	Pink								
	Red								
	Yellow								
	Green								
	Black								
Colour of Skin Surrounding Wound	Pink								
	Bright Red								
	Dark Red								
	Black								
	Other (mottle / bruise)								
	Width of discolour (cm)								
Colour of Exudate / Drainage	Bright Red								
	Dark Red								
	Pink / Yellow								
	Yellow Clear								
	Purulent								
	Other (eg green / brown)								
	None								
Odour	☐ YES / ☐ NO								
Pain in Wound	☐ YES / ☐ NO								
Swab taken	☐ YES / ☐ NO								

Signature: _____ Date: _____

D: WOUND TREATMENT RECORD			
Wound to be assessed at EVERY dressing change			
WOUND CLEANING PROCEDURE: Product(s)		Method:	
WOUND DEBRIDEMENT PROCEDURE: Product(s)		Method:	
MEDICAMENTS APPLIED TO WOUND: Product(s)		Method:	
PRIMARY WOUND CONTACT PRODUCT:	Application Details:	Size:	Number Used:
SECONDARY DRESSING and / or FIXATURE:	Application Details:	Size:	Number Used:
FREQUENCY OF DRESSING CHANGES Specify how often dressing to be changed:		CARER SIGN & DATE: Signature: _____ Date: _____	

E: RECORD OF DRESSING CHANGES						
Date:						
Carer Signature:						
REVIEW DATE:						
CARER SIGNATURE:						
Date CHART DISCONTINUED:						
Comments / Observations: Signature: _____ Date: _____						