

SPECIALIST WOUND ASSESSMENT

Resident Name:

Date of Birth:

PART ONE - Reason for Assessment

- | | |
|--|--|
| <input type="checkbox"/> New assessment of acute wound | <input type="checkbox"/> New assessment of chronic wound |
| <input type="checkbox"/> Reassessment of existing acute wound | <input type="checkbox"/> Reassessment of existing chronic wound |
| <input type="checkbox"/> New resident with an existing wound | <input type="checkbox"/> New assessment of a pressure injury |
| <input type="checkbox"/> Reassessment of an existing pressure injury | <input type="checkbox"/> New resident with an existing pressure injury |
| <input type="checkbox"/> Other (<i>specify</i>) | |

Identify any underlying causes or contributing factors that may impact on wound healing (*e.g., obesity, poor nutrition, disease, lifestyle, medication, mobility etc.*)

Does the resident have any mobility limitations? (*e.g., is the resident bedfast/chairfast*)

Does the resident have any of the following risk factors:

The resident has perfusion and/or oxygenation requirements

The resident has poor nutritional status

The resident has increased skin moisture

The resident has increased body temperature

The resident has poor sensory perception

The resident requires hematological measures

The resident has poor general health status

The resident has an existing pressure injury

Other (*specify*)

If the resident has any of the above risk factors, please indicate the relevant measures being taken to address these (*outline below*)

History of wounds

(provide details including location and rate of healing. The history will also include Medical, Surgical, Medication and Social history, intake of cigarettes and alcohol and any allergy or diet information relevant to wound history)

PART TWO – Wound Examination

Date of initial wound assessment:

Has a complete skin assessment/reassessment been completed as part of the wound review?

 Yes No

Please indicate which method was used to assess if skin is blanchable or non-blanchable

 Finger pressure method

 Transparent disk method

 Please note any relevant indications based on skin temperature, oedema and change in tissue consistency (*outline below*)

 Systemic (*select which applies*)

 Medical (e.g., poor circulation, poor oxygenation, metabolic or auto immune)

 Surgical/Iatrogenic (e.g., alteration to lymph system, previous scar tissue or gait changes)

 Nutrition (e.g., not eating well, malnutrition, obesity)

 Social (e.g., not mobile, poor environmental controls, smoking)

 medications (e.g., corticosteroids, anti-inflammatories, anti-coagulents)

 Allergies

 Other (*specify*)

 Regional (*select which applies*)

 Oedema

 Pulses

 Atrophy, no hair, thin shiny skin

 Haemosiderin staining, varicose veins, ankle flair

 Dry cracked skin

 Charcot Deformity

 Contractures

 Other (*specify below*)

Location of wound (*describe location on body*)

Duration of wound (*how long has the wound been present?*)

Size of wound (*length, width, depth*)

Wound type (*please select below*)

- | | |
|---|--|
| <input type="checkbox"/> The resident has a pressure injury wound | <input type="checkbox"/> the resident has a surgical wound |
| <input type="checkbox"/> The resident has a vascular/vasculitic wound | <input type="checkbox"/> The resident has a neuropathic wound |
| <input type="checkbox"/> The resident has a skin tear/laceration | <input type="checkbox"/> The resident has a rash |
| <input type="checkbox"/> The resident has a burn | <input type="checkbox"/> The resident has skin cancer (SCC, BCC, Solar Keratosis, Melanoma etc.) |
| <input type="checkbox"/> Other (<i>specify</i>) | |

Stages of wound classification	
<input type="checkbox"/> Stage 1 – Intact skin with non-blanchable pinkness of a localised area usually over a bony prominence	
<input type="checkbox"/> Stage 2 – Partial thickness loss of dermis presents as a shallow, open wound with a red-pink wound bed, without slough	
<input type="checkbox"/> Stage 3 – Full thickness tissue loss. Subcutaneous fat may be visible, but bone, tendon or muscle are not exposed. Slough does not obscure the depth of tissue loss and if it is not removed, wound may become non-viable	
<input type="checkbox"/> Stage 4 – Full thickness tissue loss in which the wound is covered by slough and/or eschar and is potentially non-viable. This may include exposed bone/tendon, foreign body, or fistula	
<input type="checkbox"/> Unstageable – Obscured full-thickness skin and tissue loss in which the extent of loss cannot be confirmed due to obscuring from slough or eschar	
<input type="checkbox"/> Suspected deep tissue injury – Persistent non-blanchable deep red, maroon, or purple discoloration. Intact or non-intact skin with localised area of discoloration or epidermal separation revealing a dark wound bed or blood filled blister	
Colour of wound	
<input type="checkbox"/> The wound is black	<input type="checkbox"/> The wound is brown
<input type="checkbox"/> The wound is yellow	<input type="checkbox"/> The wound is red
<input type="checkbox"/> The wound is maroon	<input type="checkbox"/> The wound is purple
<input type="checkbox"/> The wound is pink	<input type="checkbox"/> The wound is green
<input type="checkbox"/> Other (<i>specify</i>)	
Exudate type	
<input type="checkbox"/> The wound exudate is clear	<input type="checkbox"/> The wound exudate is serous
<input type="checkbox"/> The wound exudate is Haemoserous	<input type="checkbox"/> The wound exudate is sanguineous
<input type="checkbox"/> The wound exudate is purulent	<input type="checkbox"/> The wound exudate is seropurulent
<input type="checkbox"/> The wound exudate is malodorous	<input type="checkbox"/> Other (<i>specify below</i>)
Exudate amount	
<input type="checkbox"/> The wound has no exudate	<input type="checkbox"/> The wound has a low amount of exudate
<input type="checkbox"/> The wound has a moderate amount of exudate	<input type="checkbox"/> The wound has a heavy amount of exudate

Wound odour (if YES, please describe below)		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Wound edge appearance			
<input type="checkbox"/> The wound edges are level	<input type="checkbox"/> The wound edges are raised		
<input type="checkbox"/> The wound edges are rolled	<input type="checkbox"/> The wound edges are undermined		
<input type="checkbox"/> The wound edges are calloused	<input type="checkbox"/> The wound edges are sloping		
<input type="checkbox"/> The wound edges are punched out	<input type="checkbox"/> The wound edges are purple		
<input type="checkbox"/> Other (specify)			
Per-wound and surrounding skin characteristics			
<input type="checkbox"/> The surrounding skin is healthy	<input type="checkbox"/> The surrounding skin displays signs of induration/inflammation which may become accompanied by localised heat		
<input type="checkbox"/> The surrounding skin is macerated	<input type="checkbox"/> The surrounding skin is dry (e.g., shows signs of desiccation)		
<input type="checkbox"/> The surrounding skin is fragile and/or friable	<input type="checkbox"/> The surrounding skin is oedematous		
<input type="checkbox"/> The surrounding skin displays signs of crusting and/or scabbing	<input type="checkbox"/> The surrounding skin is intact/damaged, bruised		
<input type="checkbox"/> The surrounding skin displays signs of dermatitis/eczema	<input type="checkbox"/> The surrounding skin is calloused		
<input type="checkbox"/> The surrounding skin shows signs of hyperkeratosis	<input type="checkbox"/> The surrounding skin shows signs of pigmentation		
<input type="checkbox"/> The surrounding skin displays signs of an allergic reaction (e.g., hives)	<input type="checkbox"/> The surrounding skin shows signs of erythema		
<input type="checkbox"/> The surrounding skin is excoriated	<input type="checkbox"/> Other (specify below)		

Location of pain (<i>please specify the location, intensity, duration</i>)	
Signs and/or symptoms of inflammation/infection (<i>specify below</i>)	
Please indicate relevant biochemical analysis tests completed:	
<input type="checkbox"/> BGL and/or HbA1c	<input type="checkbox"/> Haemoglobin
<input type="checkbox"/> Plasma albumin	<input type="checkbox"/> Lipids
<input type="checkbox"/> Urea and electrolytes	<input type="checkbox"/> Rheumatoid factor
<input type="checkbox"/> Auto-antibodies	<input type="checkbox"/> White cell count
<input type="checkbox"/> Erythrocyte sedimentation rate	<input type="checkbox"/> C-reactive protein
<input type="checkbox"/> Liver function tests	<input type="checkbox"/> Other (<i>specify below</i>)
Please indicate relevant microbiology tests performed:	
<input type="checkbox"/> Wound swab semi-quantitative and quantitative organisms	<input type="checkbox"/> Needle aspiration for quantitative organisms
<input type="checkbox"/> Wound/bone biopsy for quantitative organisms	<input type="checkbox"/> Skin and nail scrapings for culture and microscopy
<input type="checkbox"/> Other (<i>specify</i>)	
Histopathology carried out	<input type="checkbox"/> Yes <input type="checkbox"/> No

Please indicate any diagnostic imaging carried out:	
<input type="checkbox"/> Plain x-ray (e.g. fracture, gas gangrene and osteomyelitis)	<input type="checkbox"/> Magnetic resonance imaging (e.g., osteomyelitis)
<input type="checkbox"/> Bone scan (e.g., osteomyelitis if magnetic resonance imaging is contraindicated)	<input type="checkbox"/> Computed tomography (e.g., soft tissue infection, osteomyelitis)
<input type="checkbox"/> Sinogram and fistulagram to identify wound tracking	<input type="checkbox"/> Other (specify below)
Please select any vascular assessments performed:	
<input type="checkbox"/> Palpating pulses	<input type="checkbox"/> Ankle brachial pressure index (ABPI) for vascular status of lower limb
<input type="checkbox"/> Toe brachial pressure index (TBPI)/toe pressure for vascular status of foot	<input type="checkbox"/> Duplex ultrasound for venous and arterial disease
<input type="checkbox"/> Photoplethysmography for venous disease	<input type="checkbox"/> Transcutaneous oxygen pressure for local tissue perfusion
<input type="checkbox"/> Angiography for arterial disease	<input type="checkbox"/> Other (<i>specify below</i>)
Please select any neurological foot assessments performed:	
<input type="checkbox"/> Assessment for automatic neuropathy by palpation of foot to assess for bounding foot pulses and increased skin temperature, observation for dry cracked skin integrity and foot deformity	<input type="checkbox"/> Assessment for peripheral sensory neuropathy, e.g., using a 10g or 5.07 Semmes-Weinstein monofilament to evaluate sensation and a 128Hz tuning fork for biothesiometer for assessment of vibration perception
<input type="checkbox"/> Assessment for peripheral motor neuropathy using a patella hammer to evaluate patella and Achilles' reflexes and muscle weakness	<input type="checkbox"/> Other (<i>specify below</i>)
Please select any nutritional screening tools used:	
<input type="checkbox"/> Use of screening and assessment tool that are reliable and valid and appropriate to the individual (e.g., MNA, short MNA, MUST)	<input type="checkbox"/> Assessment of the quantity, quality and nutritional content of food and fluid intake
<input type="checkbox"/> Assessment of weight status, including weight history (e.g., weight loss >5% in 30 days or >10% in 180 days)	<input type="checkbox"/> Anthropometric assessments (e.g., height, waist circumference, waist to hip ratio, objective estimated of subcutaneous fat (BMI) and skeletal muscle stores)

<input type="checkbox"/> Formula such as the Harris-Benedict equation to measure and evaluate Basal Metabolic Rate (BMR) or Basal Energy Expenditure (BEE)	<input type="checkbox"/> Hair and skin changes
<input type="checkbox"/> Ability to eat, including any assistance or diet requirements (e.g., thickened fluids or pureed food)	<input type="checkbox"/> Additional specific biochemical tests (e.g., albumin, transferrin, zinc or vitamins)
<input type="checkbox"/> Other (<i>specify</i>)	
Please select any cognitive screening or psycho-social assessments performed:	
<input type="checkbox"/> Cognitive screening using tools that are reliable and valid (e.g., MMSE, Modified MMSE [3MS], Cognitive Abilities Screening Instrument)	<input type="checkbox"/> Psychological screening using tools that are reliable and valid (e.g., Hospital Anxiety and Depression Scale, Beck Depression Inventory, Hamilton Anxiety Rating Scale)
<input type="checkbox"/> Well-being, quality of life, social and wound impact assessment using valid and reliable tools for specific health populations (e.g., Short Form 36, WHO Quality of Life, Cardiff Wound Impact Schedule, Chronic Venous Insufficiency Questionnaire)	<input type="checkbox"/> Other
Please note any relevant results from the above tests that have been completed:	
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PART THREE – Wound Management

Wound diagnosis (*describe the type of wound based on your investigation*)

Moisture content of wound: (*describe ongoing levels of wound moisture and potential dressings*)

Wound cleansing:

Wound emollient/barrier: (*if wound emollient barrier type is to be used and how/why applied*)

Primary dressing: (*include dressing type/method*)

Secondary dressing: *(include dressing type/method if used)*

Frequency of dressing change:

Frequency of dressing check:

Is regular repositioning required

Yes No

(if YES, outline frequency and give consideration to tissue tolerance, level of activity and mobility, general medical condition, skin condition, comfort, and overall treatment conditions)

Pressure relief/reduction device: *(specify device in place e.g., specific fabrics and textiles used to prevent shear and friction, electrical stimulation of muscles)*

Phase of wound healing – Repair Stage	
<input type="checkbox"/> Haemostasis	<input type="checkbox"/> Inflammation
<input type="checkbox"/> Proliferation	<input type="checkbox"/> Reconstruction
<input type="checkbox"/> Maturation/Remodelling	<input type="checkbox"/> Destruction
<input type="checkbox"/> Other (<i>specify</i>)	
Wound charts – Refer to wound chart/s for active locations and treatments required	
Has the surrounding environment and personal hygiene of the resident been reviewed to optimise the healing of the wound?	
Additional Considerations:	
Does the resident have any preferences or choices around wound care and management?	

Are there any risks associated with the resident meeting their preferences and choices around wound care and management?

What are the strategies in place to minimise the risk with the resident's preferences and choices around wound care and management?

What are the resident's goals for comprehensive wound management?

Review date for next wound evaluation:

Name of person completing assessment:

Role:

Date completed:

Time completed:

Signature: