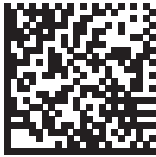


File within 3rd spine

Place patient sticker **within** this box

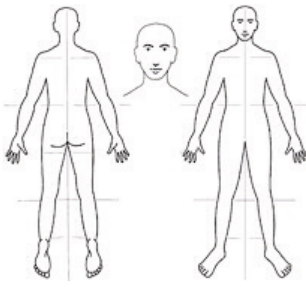


Royal Cornwall Hospitals
NHS Trust



Wound assessment and Re-assessment Tool



Cause of wound:		Duration of wound:			
Date / Time:	Site of wound 	Wound diagram including dimensions of wound Length Width Depth			
Signature					
Wound characteristics		Date			
		Y / N	Y / N	Y / N	Y / N
Tissue non-viable (slough or necrosis)	Exposed bone / tendon				
	Dry necrosis - state %	_____ %	_____ %	_____ %	_____ %
	Wet necrosis - state %	_____ %	_____ %	_____ %	_____ %
	Slough state - %	_____ %	_____ %	_____ %	_____ %
Infection / Inflammation	Cellulitis				
	Dehiscence				
	Pus				
	Odour				
	MRSA positive				
	Osteomyelitis				
Moisture Imbalance (level of exudate)	Saturated / leaking				
	Moderate / wet				
	Dry				
	Serous				
Edge of wound not progressing	Over granulation				
	Rolled / thickened edges				
	Undermining				
Surface	Granulation tissue				
	Epithelialising tissue				
	Closed surgical wound				
Skin	Dry / Scaly				
	Macerated / Excoriated				
	Thin / Friable				
	Inflamed				
	Bruised / discoloured				
Pain score	1-10 No pain → worse pain				

Place patient sticker **within** this box**Wound care****Individualised goals based on assessment**

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-

Interventions (tick)		Date/Time	Date/Time	Date/Time	Date/Time
Provide wound care using ANTT					
When necessary irrigate the wound bed to remove any debris					
Provide analgesia prior to dressing changes if required					
Take a wound swab if clinical signs of infection present					
Tissue non-viable (Slough/necrosis Black/Yellow wound)	Apply hydrogel or hydrocolloid or larvae to the wound surface (circle as necessary)				
	Urgo clean rope and / or pad				
	If ischaemic apply Iodine tulle / Non adhesive dressing				
Infection / Inflammation or MRSA (After swab has been taken)	Apply Silver dressing or Manuka Honey to the wound (available from the Equipment library)				
	Apply Cadexomer iodine (IODOFLEX - available from pharmacy)				
Odour control	Clinisorb (available from Equip Library)				
Moisture Imbalance	Urgoclean rope / Sorbsan ribbon or packing for cavity wounds or Foam dressing (circle as necessary). Always leave an end of the cavity dressing exposed to aid removal.	No of ropes	No of ropes	No of ropes	No of ropes
	Apply topical negative pressure to the wound surface. Record pressure and system used.				
Surface protection	Apply non-adhesive / low adhesive / silicone to the wound surface (circle as necessary)				
Skin tears	Apply Silicone dressings - see Skin Tear pack - dressings available from Equipment Library				
Closed surgical wound	Film and pad dressing				
Secondary dressing	Film dressing Wool under padding Crepe bandage Compression bandage (State type) Absorbent pads				
Skin care	Leave on Emollient Skin Barrier film / cream Foam wash (circle as necessary)				
Signature Print name Designation					