

WOUND ASSESSMENT TOOL

Name:

Date:

M.P.I.

Type of Wound					Previous Treatments			
Duration					Any Allergies			
Location of Wound					Referrals	To Whom		Date
Wound Maximum Size in cm	DATE							
	Length							
	Width							
	Depth							
Undermining	Yes/No							
Bridging	Yes/No							
Wound Traced/ Photograph	Yes/No							
Wound Bed % Cover	Necrotic							
	Sloughy							
	Granulating							
	Epithelialisation							
	High							
	Moderate							
	Low							
Are the levels increasing?*	* Yes/No							
Colour of Exudate	Serous							
	* Haemoserous							
	* Purulent							

May indicate wound infection *

DATE								
Pain at dressing change 1–5*								
Action Taken								
Surrounding Skin	Oedematous							
	Macerated							
	Cellulitic*							
	Fragile*							
	Wet/Dry/ Eczema							
Odour*	Yes/No							
Infection suspected. Swab taken	Yes/No							
Results/Action								
Treatment objective and Dressing used	Debridement							
	Treatment							
	Absorption							
	Hydration							
	Protection							
	Signature							

May indicate wound infection *