

Your
Hospital's
Logo
Here

DATE _____

PATIENT IDENTIFICATION

0700 - 1900 NA

Additional Dressing Changes Document in Progress Notes

LOCATION	WOUND #	WOUND #	WOUND #	WOUND #	WOUND #
TYPE <small>Venous Stasis, Pressure Ulcer, or Traumatic Wound</small>					
Stage (Pressure Ulcer ONLY)					
Appearance					
Drainage					
Odor					
Peri-Wound Tissue					
Size - cm (L x W x D)					
Undermining (Y / N)					
Irrigation					
Treatment					
Time / Initials					
Time / Initials					

1900 - 0700 NA

Additional Dressing Changes Document in Progress Notes

LOCATION	WOUND #	WOUND #	WOUND #	WOUND #	WOUND #
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PART OF THE MEDICAL RECORD