COUNTY HOSPITAL
HOME HEALTH

WOUND DOCUMENTATION SHEET

Wound Drawing

Patient's Name:______________________ **Date:**______________ **Patient's ID #:**______________

Wound #___
Type: ______________________
Location: ______________________
Length: ________cm Width________cm
Depth________cm Undermining? Y N
Tunneling? Y N at ________o'clock
Drainage: ☐ Purulent ☐ Serous ☐ None
☐ Serosanguineous ☐ Other (see note) ☐ Bleeding
Drg. Amt.: ☐ Sm ☐ Mod ☐ Lg
Odor present? ☐ Yes ☐ No
Wound Bed: ☐ Necrotic ☐ Granulation
☐ Fibrinous / Slough ☐ Epithelium
Surrounding Tissue: ☐ WNL Color ________
☐ Tender ☐ Warm ☐ Swollen
☐ Wound Complication / Teaching: ________
____
Dressing Chg. ______________________
____
Patient Tolerated? ☐ Well ☐ Other
(comment)______________________

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