COUNTY HOSPITAL HOME HEALTH

WOUND DOCUMENTATION SHEET

Patient's Name:	Date:	Patient's ID #:
Wound #	□ N/A Wound #	□ N/A Wound #
Type:	Туре:	Type:
Location:	Location:	Location:
Length:cm Widthcm	Length:cm Widthcm	Length: cm Width cm
Depthcm Undermining? Y N	Depthcm Undermining? Y N	Depthcm Undermining? Y N
Tunneling? Y N ato'clock	Tunneling? Y N ato'clock	Tunneling? Y N ato'clock
Drainage: Purulent Serous None	Drainage: Purulent Serous None	Drainage: Purulent Serous None
☐ Serosanguineous ☐ Other (see note) ☐ Bleeding	☐ Serosanguineous ☐ Other (see note) ☐ Bleeding	☐ Serosanguineous ☐ Other (see note) ☐ Bleeding
Drg. Amt.: Sm Mod Lg	Drg. Amt.: Sm Mod Lg	Drg. Amt.: Sm Mod Lg
Odor present? Yes No	Odor present? Yes No	Odor present? Yes No
Wound Bed: Necrotic Granulation	Wound Bed: Necrotic Granulation	Wound Bed: Necrotic Granulation
☐ Fibrinous / Slough ☐ Epithelium	☐ Fibrinous / Slough ☐ Epithelium	☐ Fibrinous / Slough ☐ Epithelium
Surrounding Tissue: WNL Color	Surrounding Tissue: WNL Color	Surrounding Tissue: WNL Color
☐ Tender ☐ Warm ☐ Swollen	☐ Tender ☐ Warm ☐ Swollen	☐ Tender ☐ Warm ☐ Swollen
Wound Complication / Teaching:	Wound Complication / Teaching:	☐ Wound Complication / Teaching:
		4
Dressing Chg.	Dressing Chg.	Dressing Chg.
Patient Tolerated?	Patient Tolerated?	Patient Tolerated?
(comment)	(comment)	(comment)
□ N/A Wound #		•
Type:		
Location:		
Length: cm Width cm		
Depthcm Undermining? Y N		
Tunneling? Y N ato'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		
Patient Tolerated? Well Other		