Berkshire Healthcare
NHS Foundation Trust

Name Date of birth	NHS Number	Berkshire Healthcare NHS Foundation Trust

Wound Assessment Care Plan **Problem No .....**

Date onset of wound or admission to case load		Type of wound (if pressure ulcer record category, complete Datix, include WEB No)		
Referral to TVN Yes No Date	Topical Negative Pressure. Yes No	Location of wound		**If leg ulcer, complete leg ulcer assessment form**
Allergies / Sensitivity		Underlying conditions		

Wound maximum size in Cm **measure weekly unless wound deteriorates**	**Date**						
	Length						
	Width						
	Depth						
Undermining		Yes No	Yes No	Yes No	Yes No	Yes No	Yes No
Bridging		Yes No	Yes No	Yes No	Yes No	Yes No	Yes No
Wound bed cover in %	Necrotic						
	Sloughy						
	Granulating						
	Epithelialisation						
Exudate	High						
	Moderate						
	Low						
levels increasing		Yes No	Yes No	Yes No	Yes No	Yes No	Yes No
Odour		Yes No	Yes No	Yes No	Yes No	Yes No	Yes No

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Pain at dressing	1 -10						
Pain relief							
Name	**DOB**			**NHS No**			
	Date						
Swab taken		Yes No	Yes No	Yes No	Yes No	Yes No	Yes No
Result of swab							
Action taken							
Surrounding skin	Healthy						
	Oedematous						
	Macerated						
	Inflamed						
	Cellulitis						
	Fragile						
Treatment objectives Primary dressing	Debridement						
	Antimicrobial						
	Absorption						
	Hydration						
	Protection						
Is the wound	Deteriorating						
	Static						
	Improving						
Action / Rationale for dressing change							
Signature							