

## Wound Status Assessment Table

Client's name: _____ Client ID#: _____		RN/Physician Assessor : _____	
Primary Diagnosis			
<b>ASSESSMENT DATE:</b>	<b>Wound #1</b> _____	<b>Wound #2</b> _____	<b>Wound #3</b> _____
	<input type="checkbox"/> Not dated by writer	<input type="checkbox"/> Not dated by writer	<input type="checkbox"/> Not dated by writer
<b>Type of wound</b>			
<b>Wound site</b>			
<b>Wound evolution</b>			
<b>Wound size</b> (please indicate if mm or cm)			
<b>Wound tunneling</b> (direction & depth)			
<b>Wound bed</b>			
<b>Wound border</b>			
<b>Peri-wound skin</b> (Skin around the wound)			
<b>Exudate amount</b>			
<b>Exudate types</b>			
<b>Odor of the wound</b>			
<b>Describe wound care treatment with type /size of dressings being used</b>			
<b>Frequency of dressing change</b>			
<b>Anticipated healing time</b>			