

Wound Assessment Form Generic

Name: _____

Date: ____/____/____
dd mm yyyy

Location: _____ Stage: _____

Appearance

Wound Base: ____ % Granulation ____ % Necrotic (Slough) ____

Necrotic tissue type: _____

Integrity of Granulation tissue: _____

Edges (advancing, attached, not attached, rolled) _____

Periulcer skin (hydration, colour, indurated): _____

Exudate: Type: _____ Odor: _____ Amount: _____

Signs of Infection: Pain Wound deteriorate Exudate Friable Granulation:
Other: _____

BWAT Score (LUMT if Leg ulcer): _____ PWAT Score: _____

Size

Acetate tracing digitized: _____ cm² _____ cm² _____ cm²

Ruler (head to toe) Length: _____ cm Width: _____ cm

Max Depth: _____ cm Location of depth: _____

Undermining: (% edges undermined) tion: _____ Depth: _____ cm

Draw Picture of wound extent:

Photo taken

