

WOUND ASSESSMENT PRINTABLE PDF

W O U N D A S S E S S M E N T

ROOM: _____		RISK FACTORS:
NAME: _____		INCONTINENCE/MOISTURE
DOB: _____		ALTERED SENSORY PERCEPTION
MRN: _____		ALTERED NUTRITIONAL STATUS
DIAGNOSIS: _____		IMPAIRED MOBILITY
		OTHER: _____

LOCATION: _____	☐ SLOUGH ☐ ESCHAR ☐ GRANULATION 	COMMENTS: _____
TYPE: _____		
STAGE: _____		
L: _____		
W: _____		
H: _____		WOUND CARE: _____
DRAINAGE: _____		
ODOR: _____		
REDNESS: _____		
PAIN: _____		

LOCATION: _____	☐ SLOUGH ☐ ESCHAR ☐ GRANULATION 	COMMENTS: _____
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