

Carelink Health Care Services, LLC
"Quality Care at Home"

Wound #: _____

Wound Care Flow Sheet

Patient Name: _____ MR: _____

Wound Etiology: ☐ Trauma ☐ Diabetic ☐ Venous Stasis ☐ Burn ☐ Pressure ☐ Surgery

☐ Other: _____

Wound Type

- ☐ Trauma Wound: Cause: _____
- ☐ Burn
- ☐ Pressure Ulcer
Stage: ☐ I ☐ II ☐ III ☐ IV
☐ Unobservable
- ☐ Diabetic Ulcer
- ☐ Venous Stasis Ulcer
- ☐ Arterial Ulcer
- ☐ Other: _____

Wound Type Definitions

Trauma: A wound that resulted from an unintentional injury or accident.

Burn: Any injury caused by heat, electricity, chemicals, radiation, or gases. Burns are rated according to how many layers of skin are damaged.

Pressure Ulcer: Any lesion caused by unrelieved pressure resulting in damage of underlying tissue. Pressure ulcers are usually over bony prominences and staged again to classify the degree of tissue damage observed.

Surgical Wound: A wound caused by a surgical intervention. Orthopedic pin sites, central lines (excluding PICCS), stapled or sutured incisions, debrided graft sites and wounds with drains are all considered surgical wounds.

Diabetic Ulcer: A chronic wound of the foot that occurs in patients with diabetes. It is caused by loss of sensation and feeling in the lower extremities.

Venous Stasis Ulcer: An ulcer caused by inadequate venous circulation, usually lower legs. Lesions usually weeping and with irregular wound edges.

Arterial Ulcer: An ulcer caused by inadequate arterial circulation usually located distally small, dry lesions with well-defined borders. (punch-out lesions).

Wound Description

Location: _____

Width _____ Length _____ Depth _____

- ☐ Tunneling
- ☐ Undermining
- ☐ Unobservable
- Due to:
- ☐ Eschar
- ☐ Cast
- ☐ Non-removable Dressing (type of dressing): _____
- ☐ Other: _____

Drainage (amount and color): _____

Wound Color: _____

Odor: _____

Surrounding Tissue: _____

Granulation Tissue:

- ☐ Fully Granulating
- ☐ Early / Partial Granulation
- ☐ Not Healing
- ☐ Other: _____

Wound Descriptions Definitions

Undermining: Area of tissue destruction extending under intact skin along the periphery of a wound.

Tunneling: Course or path of tissue destruction occurring in any direction from the surface or edge of the wound; results in dead space with potential for abscess formation. Also sometimes called sinus tract.

Eschar: Thick, black or brown leathery, necrotic tissue.

Slough: Soft, moist avascular (devitalized) tissue; may be white, yellow, tan, or green; may be loose or firmly adherent.

Granulation Tissue: Pink/red, moist tissue comprised of new blood vessels, connective tissue, fibroblast, and inflammatory cells, which fills an open wound when it starts to heal; typically appears deep pink or red with an irregular, "berry-like" surface.

Signs and Symptoms of infection: Typical signs and symptoms of infection include purulent drainage, odor, erythema, warmth, tenderness, edema, pain, fever, and elevated white cell count. However, clinical signs of infection may not be present, especially in the immunocompromised patient or the patient with poor perfusion.

Current Treatment: _____

Nurse Signature: _____

Date: _____