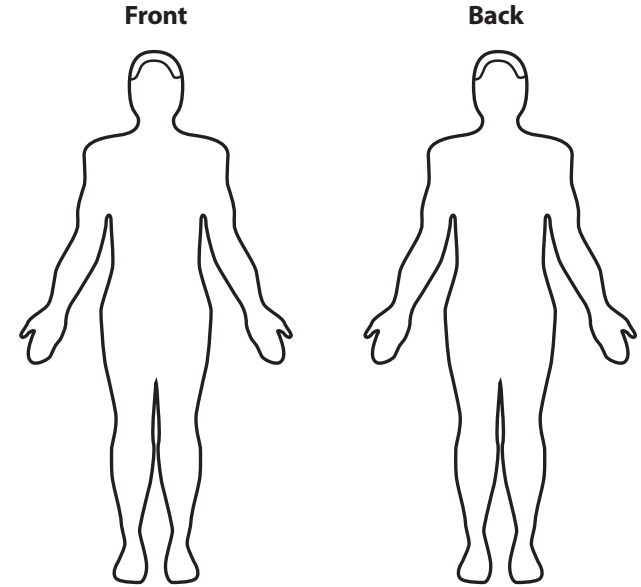


Directions: Complete the Wound Assessment and update weekly.
Identify the wound location on the body image, and attach photo weekly.

Patient Name: _____ Date _____
 Facility Name: _____ Address _____
 Clinician _____ Diagnosis _____



Nutrition: PO TPN TF Supplements
Incontinent: Bowel Bladder
Specialty Surface: LAL AP Foam Gel

Date	Wound						Drainage		Lab Results				Notes			Initials
	Stage I, II, III, IV, UTD, PT, FT	Dimension LxWxD	Color 1=Red 2=Yellow 3=Black	Tissue Type 1=Granulation 2=Slough 3=Necrotic	Undermine Y=Yes N=No	Periwound 1=Intact 2=Indurated 3=Erthemic 4=Macerated	Amount 0=None 1=Scant 2=Moderate 3=Heavy	Odor Y=Yes N=No	Hgb	Hct	Pre Alb.	Alb	Treatment Time	Pain Level (1-10)	Debridement Y=Yes N=No	