









Wound Edge

	dd/mm							
Healthy								
Maceration								
Dehydration								
Rolled edges								
Raised edges								
Tunnelling								
Undermining								
mark position of any undermining								

Peri-wound

Healthy								
Maceration								
Excoriation								
Dry skin								
Hyperkeratosis								
Callus								
Eczema								

Signing

Next assessment								
Nurse initials								

Change in treatment plan

Date :	Date :	Date :	Date :
<input type="checkbox"/> Antimicrobial dressing	<input type="checkbox"/> Antimicrobial dressing	<input type="checkbox"/> Antimicrobial dressing	<input type="checkbox"/> Antimicrobial dressing
<input type="checkbox"/> Antibiotics	<input type="checkbox"/> Antibiotics	<input type="checkbox"/> Antibiotics	<input type="checkbox"/> Antibiotics
<input type="checkbox"/> Lower limb assessment	<input type="checkbox"/> Lower limb assessment	<input type="checkbox"/> Lower limb assessment	<input type="checkbox"/> Lower limb assessment
<input type="checkbox"/> Referral : _____	<input type="checkbox"/> Referral : _____	<input type="checkbox"/> Referral : _____	<input type="checkbox"/> Referral : _____
Products used on wound :	Products used on wound :	Products used on wound :	Products used on wound :
#1	#1	#1	#1
#2	#2	#2	#2
#3	#3	#3	#3