2	fraserhealth	First Nations Health Authority NO	thern heal	th S	trovincial Health ervices Authority Province-wide solutions. Better heath.	Vancouve Coastal	Health	Pro	viden	Ce A																
••								-		1	sland h	ealth	DO	B:												
۷۱	OUND ASSES	SMENT & TRE			FLO	W 5	HEE	I (V	VAI	F3	)		PHI	N:												
W	ound Date of Onset									Pag	e 1 of	4	OR	ADD	RESS	SOGR	APH/L	ABEL		Y	ear:					
(P	ease fill out <u>ONE</u> form	per wound)										G	oal o	f Cai	re: [	To	Heal		То Ма	intain		To N	lonito	or / N	lana	ge
W	ound Type/Etiology (i	f known)	jury; 🗌 Unknowr	] Veno n; 🛛	us Insu Other	fficienc	y; □ _;	Arteria	al Insu	ifficie	ency;	🗌 Di	abeti	c Ulc	er;	SI SI	urgica	1 2 <sup>0</sup> 1	ntenti	on; [	] Sk	in Te	er;			
lf	Pressure Injury, chart s	stage Stage 1 (dd/r																	□ St	age 4 (	dd/mm)					
	nd date. If wound deteri nart new stage and date	orates,																								
	lart new stage and date	. <u> </u>				ON OF																				_
		eft R	ight								R H		a a a a a a a a a a a a a a a a a a a			Z	N		K	Z	9	NV >/	17	Ś		n
	and the second sec			All and a second					Ja	ļ	Y	ſ	dia			Rig	lht		Left		Lef	ft		R	Right	
Legend: X or Blank Space = Not Applica					able (as	per agei	псу)				[ 🖌 ]	= Asse	ssed/	Comp	oleted	1		1		N	= See	Note	s			
Wound Location:		Month/Year Day																								
		<i>mm/yy</i> Time																								
	Wound Measurements	Length															_						<u> </u>			
	-	Width Depth															_						<u> </u> '	├──┤		
	11 12 1	Sinus Tract #1 Depth															_						<u> </u>	┝──┤		
Weeklv/PRN	10 2	Location (o'clock)																					┢──┘			
NP	9	Sinus Tract #2 Depth																					<u> </u>			
sek	7 6 5	Location (o'clock)																								
Š	Toe	Undermining #1 Depth																								
		Location (o'clock)																								
	Location corresponds to face of clock with patient's	Undermining #2 Depth																								
		Location (o'clock)																								I
		% Pink/Red																					<u> </u>			
		% Granulation (red pebbly)																							 	
		% Slough																					<u> </u>			
	Wound Bed:	% Eschar																					<u> </u>	$\mid$		
	Total % must = 100%	% Foreign body (sutures, mesh, hardware)																								1
		% Underlying structures (fascia, tendon, bone)																			1					
		% Not visible																1				1				
		% Other:																								
		INITIALS																								

fraserhealth beter balth. Bed in balth care.	First Nations Health Authority nort		nealth	Pro Ser	vincial Health vices Authority ince-wide solutions. ther health.	Vano Coa	couver stal <b>Hea</b>	alth		Provi	den.	is is		health			nt Na														
<b>NOUND AS</b> Vound Date of Ons	SESSMENT & TREA	AT N	MEN	NT	FLO	W	SH	EE	Т	(W	ΑΤ		)			PHN	8: I: ADDF								Ye	ar:					
Wound Location:	Month/Year Day																														
Exudate Amount	mm/yy Time None Scant/small Moderate																														
Exudate Type	Large/copious Serous Sanguineous																														
Odour	Purulent Other: Odour present after cleansing Yes or <b>N</b> o																														_
Wound Edge	Attached (flush w/ wound bed or "sloping edge") Non-Attached (edge appears as a "cliff")																														
[ 🗸 ] all that apply	Demarcated (edges clearly seen) Diffuse (edges not clear) Rolled (edge curled under) Epithelialization																														_
Peri-wound Skin [ ✓ ] all that apply	Intact Erythema (reddened) in cm Indurated (firmness around wound) in cm Macerated (white, waterlogged) Excoriated/Denuded (superficial loss of tissue)																														
	Callused Fragile Other: Scored from 10 point analogue																														
Wound Pain (10 = worst)	Pain Scale. See Pain Assessment for details Any depth 1cm or greater, Out	/10	/10	10	10/10	0/10	10	10	10	10	/10	/10	10	/10	10	10	10	10	10	10	10	/10	10	/10	/10	10	10	/10	10	10	/1
Packing Count Treatment	count # packing pieces in Treatment done as per Treatment Plan																			/	/										<u> </u>
	INITIALS																														_

fraserhealth	Interior Health	northern health	Provincial Health Services Authority Province wis solutions. Better heath.	Vancouver Coastal Health Presting of Data Bracing on	Providence HEALTH CARE	island health	Client Name:
WOUND TRE	EATMENT I	PLAN					PHN:
Wound Date of Onse	t					Page 3 of 4	OR ADDRESSOGRAPH/LABEL Year

Treatment Plan Leave in place for ONE week whenever possible	Document Rationale for change as per agency policy on WATFS or Notes	Date Initiated	Initials	Date D/C	Initials
	as per agency policy of WAT 6 of Notes			2.0	
					<u> </u>

fraserhealth	Interior Health	northern health	Provincial Health Services Authority Povroce-wise solutions. Better heath.	Vancouver Coastal Health Prestoy of the Destry on	Providence HEALTH CARE	island health	Client Name:
WOUND TRE		PLAN					PHN:
Wound Date of Onse	t					Page 4 of 4	OR ADDRESSOGRAPH/LABEL Year

Treatment Plan Leave in place for ONE week whenever possible	Document Rationale for change as per agency policy on WATFS or Notes	Date Initiated	Initials	Date D/C	Initials