X	🕈 fraserhealth 🛛 🖄	Northern health	<b>E</b>	and and	Provincial He Services Auti Province wide set	alth Van hority CO	ncouver astalHealt	n 🔬	Provi	denc H CAR	e			(	Client	Vame													
۱۸/		the northern way of caring First	Nations Health Aut	hority	T CI	014	I CL		г Л	<b>\/ \</b> .		land h	lealth		DOB:														
		SMENT & TRE				.000	<b>1</b> 3 Π		I (V	٧A		•			PHN: _														
_	ound Date of Onset										Pag	je 1 o	of 2		OR AL								Yea						
	ease fill out <u>ONE</u> form			<u> </u>											l of C												vr / N	lana	ge
W	ound Type/Etiology (i ] IAD (Incontinent Asso	f known) 🗌 Pressure In ociated Dermatitis); 🗌	jury; Unknov	∐ Ver wn; [	nous Ir Oth	nsuffic er	ciency;	;	Arteria	al Insi	ufficie	ency;		Diab	betic L	llcer;		Sur	gical	2° In	itentic	on;		Skir	ו Te	ar;			
lf	Pressure Injury, chart s Id date. If wound deteri	stage													3 (dd/m	m)				_ [	_ Sta	age 4	4 (dd/	/mm) _					
-	art new stage and date		le (dd/mm	ı)			] DTI	(Deep	Tissu	e Inji	ury) (	dd/mm)	)			🗆 М	edica	al De	vice					] Mu	cosa	al			
				MARK	LOCA		N OF V	VOUN	D/ULO	CER	WITH	I AN	ARR	OW	or a	N "X'	,								_				
		eft	ight														L	In		l	K	6			NM 1	17	S		h
	Hu C		$\bigcup$	and the second s	?			4		Va	1	S.	5	L	3			Right			Left			Left			R	Right	
	Legend:	X or Blank Sp	ace = N	lot App	licable	(as pei	r agenc	;y)				[ 🗸	] = As	ssess	ed/Co	nplete	ed						N = \$	See I	Notes	s			
Wound Location:		Month/Year Day	r.																										ł
		mm/yy Time																								ł			ł
	Wound Measurements	Length																											
	in cm	Width																					_			⊢			
	Head	Depth Sinua Tract #1 Donth					_				-					_	-									┢───┤			
RN	10 2	Sinus Tract #1 Depth Location (o'clock)		-					_		-			_												┝──┤			
Weekly/PRN	9 3	Sinus Tract #2 Depth																											
sekl	7 6 5	Location (o'clock)																											[
Ň	Toe	Undermining #1 Depth																											1
	Undermining/Sinus Tract:	Location (o'clock)																								1			1
	Location corresponds to face of clock with patient's	Undermining #2 Depth																											1
	head at 12 o'clock position	Location (o'clock)																											1
		% Pink/Red																											
		% Granulation (red pebbly	)																										ł
		% Slough																											
Wound Bed:		% Eschar																											
	Total % must = 100%	% Foreign body (sutures, mesh, hardware)																											
	10tal /0 must = 100 /0	% Underlying structures															1												M
		(fascia, tendon, bone) % Not visible	+ $+$								+		-+		+		+				-+	+				<del> </del>	-+	$ \rightarrow $	
		% Other:															-						$\neg$		-+	+			
		INITIALS																											

Reference:	Wound Assessment Guideline Decision Support Tool (DST).	Adapted from VCHA Wound Care Assessment Tool (2009)	

NOUND AS	SESSMENT & TREA	١T	ME	NT	Fl	_0	W	SH	EE	Т	(W	AT	FS	5)			PH	1:													
ound Date of Ons	set												Pag	e 2 o	f 2		OR	ADD	RES	SOG	RAP	H/LA	BEL		Υe	ar: _					
Wound Location:	Month/Year Day																											'			]
	mm/yy Time																														
Exudate Amount [ ✓ ] one	None																														L
	Scant/small																														L
	Moderate																														L
	Large/copious																														L
Exudate Type	Serous																														L
	Sanguineous																														L
	Purulent																														
	Other:																														L
Odour	Odour present after cleansing Yes or <b>N</b> o																														
Wound Edge [ ✔ ] all that apply	Attached (flush w/ wound bed or "sloping edge")																														
	Non-Attached (edge appears as a "cliff")																														
	Demarcated (edges clearly seen)																														ł
	Diffuse (edges not clear)																														ľ
	Rolled (edge curled under)																														Ī
	Epithelialization																														1
Peri-wound Skin	Intact																														Ī
	Erythema (reddened) in cm																														I
	Indurated (firmness around wound) in cm																														L
	Macerated (white, waterlogged)																														L
✓ ] all that apply	Excoriated/Denuded (superficial loss of tissue)																														
	Callused																														L
	Fragile																														L
	Other:																														l
Wound Pain (10 = worst)	Scored from 10 point analogue Pain Scale. See Pain Assessment for details					10	10	10	10	10	10			10	10	10	10	10	10	10	10	10	10			10	10	/10	10	10	

Provincial Health Services Authority Neuroscience Constal Health Device where the Back the Constal Health Device where the Back the Constal Health

**∜** northern health

Interior Health

Any depth 1cm or greater, Out

in

INITIALS

count # packing pieces

Treatment done as per

Treatment Plan

🐼 fraserhealth Better health. Best in health care.

Packing Count

Treatment

Client Name: \_\_\_\_\_

DOB: \_\_\_\_\_

island health