

WOUND ASSESSMENT & TREATMENT FLOW SHEET (WATFS)

Wound Date of Onset _____

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Client Name: _____

DOB: _____

PHN: _____

OR ADDRESSOGRAPH/LABEL Year: _____

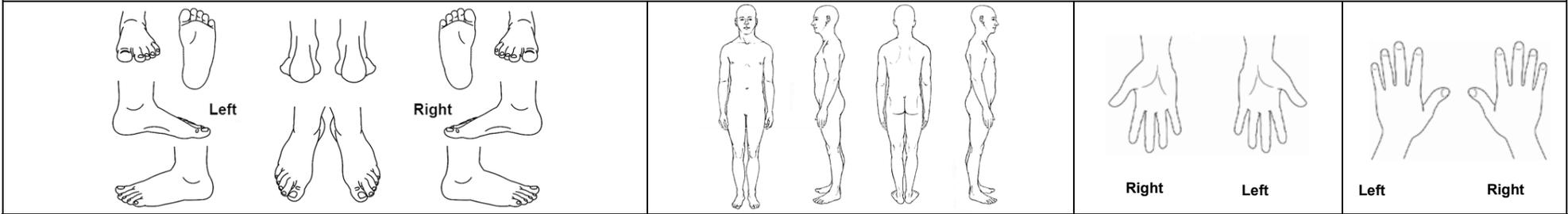
(Please fill out ONE form per wound)

Goal of Care: To Heal To Maintain To Monitor / Manage

Wound Type/Etiology (if known) Pressure Injury; Venous Insufficiency; Arterial Insufficiency; Diabetic Ulcer; Surgical 2^o Intention; Skin Tear; IAD (Incontinent Associated Dermatitis); Unknown; Other _____;

If Pressure Injury, chart stage and date. If wound deteriorates, chart new stage and date. Stage 1 (dd/mm) _____ Stage 2 (dd/mm) _____ Stage 3 (dd/mm) _____ Stage 4 (dd/mm) _____
 Unstageable (dd/mm) _____ DTI (Deep Tissue Injury) (dd/mm) _____ Medical Device _____ Mucosal _____

MARK LOCATION OF WOUND/ULCER WITH AN ARROW OR AN "X"



Legend:

X or Blank Space = Not Applicable (as per agency)

[✓] = Assessed/Completed

N = See Notes

Wound Location:		Month/Year	Day																
		mm/yy	Time																
Weekly/PRN	Wound Measurements in cm	Length																	
		Width																	
		Depth																	
		Sinus Tract #1 Depth																	
		Location (o'clock)																	
		Sinus Tract #2 Depth																	
		Location (o'clock)																	
		Undermining #1 Depth																	
	Wound Bed:	% Pink/Red																	
		% Granulation (red pebbly)																	
		% Slough																	
		% Eschar																	
		% Foreign body (sutures, mesh, hardware)																	
		% Underlying structures (fascia, tendon, bone)																	
		% Not visible																	
		% Other:																	
		INITIALS																	



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WOUND TREATMENT PLAN

Wound Date of Onset _____

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



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