

WOUND ASSESSMENT & TREATMENT FLOWSHEET (WATFS)

Wound Date of Onset _____ Page 1 of 2

Client Name: _____

DOB: _____

PHN: _____

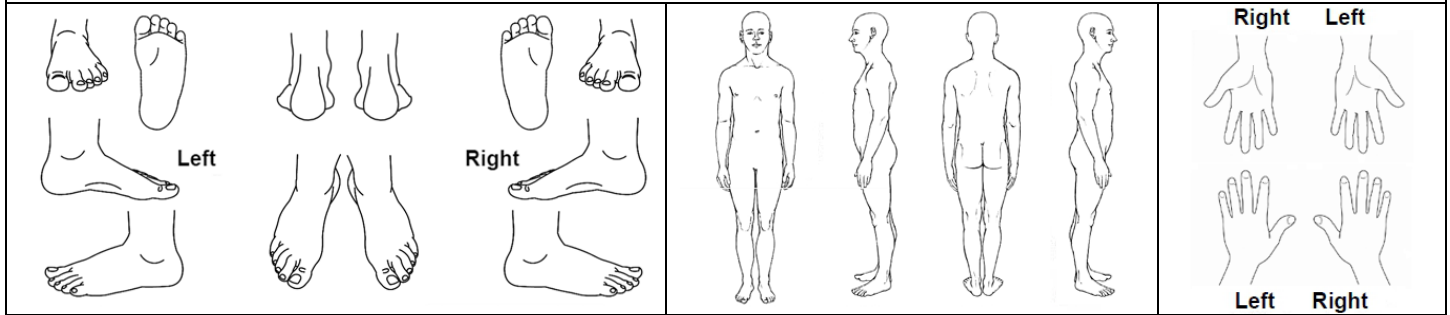
OR ADDRESSOGRAPH/LABEL _____ Year: _____

(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 mm/yy	Day Time													
Wound Measurements in cm Head Toe Undermining/ Sinus Tract: Location corresponds to face of clock with patient's head at 12 o'clock position	Length															
	Width															
	Depth															
	Sinus Tract #1 Depth															
	Location (o'clock)															
	Sinus Tract #2 Depth															
	Location (o'clock)															
	Undermining #1 Depth															
	Location (o'clock)															
	Undermining #2 Depth															
Location (o'clock)																
Wound Bed: Total % must = 100%	% Pink/Red															
	% Granulation (red pebbly)															
	% Slough															
	% Eschar															
	% Foreign body (sutures, mesh, hardware)															
	% Underlying structures (fascia, tendon, bone)															
	% Not visible															
% Other:																
Exudate Amount <input checked="" type="checkbox"/> one	None															
	Scant/small															
	Moderate															
	Large/copious															
INITIALS																



WOUND ASSESSMENT & TREATMENT FLOWSHEET (WATFS) Page 2 of 2

Wound Location:		Month/Year <i>mm/yy</i>	Day										
			Time										
Exudate Type [✓] all that apply	Serous												
	Sanguineous												
	Purulent												
	Other:												
Odour	Odour present after cleansing Yes or No												
Wound Edge [✓] all that apply	Attached (flush w/ wound bed or "sloping edge")												
	Non-Attached (edge appears as a "cliff")												
	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:												
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
Packing Count	Any depth 1cm or greater, count packing pieces	Out	/	/	/	/	/	/	/	/	/	/	/
		In	/	/	/	/	/	/	/	/	/	/	/
Treatment	Treatment done as per Treatment Plan												
INITIALS													

WOUND TREATMENT PLAN documented on Treatment Plan below Clinical Treatment/Care Plan

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