South West Regional Wound Care Program

Initial Wound Assessment Form

Person's Name: _____ **Date:** _____

Address: _____ **Telephone Number:** _____

ID Number: _____

Demographics and Vitals:

☐ Male	☐ Female	DOB: _____ DD/MM/YYYY	Allergies:

BP:	Pulse:	Respiration Rate:	Temperature:

Involved Disciplines:

☐ Family Physician:	Phone:	Fax:
☐ Specialist:	Phone:	Fax:
☐ Specialist:	Phone:	Fax:

Cognition/Mental Status:

☐ Alert & Oriented	☐ Confused, Easily Oriented	☐ Disoriented, Combative	☐ Unresponsive

Learning Style:

☐ Auditory	☐ Visual	☐ Kinesthetic	☐ Read and Write

Co-Morbid Factors:

☐ Cardiovascular Disease	☐ Respiratory Disease	☐ Smoker x ____ Years	☐ Type I Diabetes FBG range:	☐ Type II Diabetes HgA1C (q 3/12):
☐ Renal Failure	☐ Liver Disease	☐ GI Disease	☐ Neurological Deficit/Sensory	☐ Autoimmune Disease
☐ Vision	☐ Hearing	☐ Skin	Alcohol Use x ____/week	☐ GU Disease
☐ Musculoskeletal	☐ Hypothyroidism	Other:		

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Person's Name: _____ ID Number: _____ Date: _____

Active Infections:

☐ MRSA	☐ VRE	☐ C-Diff	☐ Hepatitis:	☐ TB	☐ HIV/AIDS	Other:

Nutrition:

Body Weight (lbs.):	Height (cm):		Recent Weight Loss: ☐ Y / ☐ N	Wt. Loss Amount (lbs.):
Serum Albumin Level:	☐ <30g/l (will delay healing)	☐ <20g/l (will be non-healable)	☐ Value not available	☐ Requested
Iron Profile:	Hgb: (if <100 will delay healing)	Serum Iron:	Total Iron Binding:	Ferritin:
Kidney Function:	BUN:	Creatinine:	Potassium:	
Nutritional Supplements (name, amount, frequency):				

Mini-Nutritional Assessment (MNA®) Screen:

A	**Has food intake declined over the past three months due to loss of appetite, digestive problems, chewing or swallowing difficulties?** 0=severe decrease in food intake 1=moderate decrease in food intake 2=no decrease in food intake	
B	**Weight loss during the last three months.** 0=weight loss greater than 3kg (6.6lbs) 1=does not know 2=weight loss between 1 and 3kg (2.2 and 6.6lbs) 3=no weight loss	
C	**Mobility** 0=bed or chair bound 1=able to get out of bed/chair but does not go out 2=goes out	
D	**Has suffered psychological stress or acute disease in the past 3 months.** 0=yes 1=no	
E	**Neuropsychological problems** 0=severe dementia or depression 1=mild dementia 2=no psychological problems	
F1	**Body Mass Index (BMI = weight in kg/height in m^2)** 0=BMI less than 19 1=BMI 19 to less than 21 2=BMI 21 to less than 23 3=BMI 23 or greater	
F2	**Calf Circumference (in cm)** ***If F1 (BMI) is not available, replace question F1 with question F2. Do not answer question F2 if F1 is already completed.*** 0=calf circumference less than 31 3=calf circumference 31 or greater	
Total Score	**Screening Score (maximum = 14 points)** 12-14: normal nutritional status 8-11: at risk of malnutrition 0-7: malnourished **Total:**	

ACTION: If Score is ≤ 11 in the presence of a wound, consider a referral to a Registered Dietician

SOUTHWEST REGIONAL WOUND CARE PROGRAM

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Mobility & Neurological Status:

Transfers:	☐ Independent ☐ Supervision ☐ Minimal Assist (1 or 2 people)	☐ Requires Aids	☐ Requires Mechanical Lift	
Ambulation:	☐ Independent: With or Without Gait Aid ☐ Supervision ☐ Minimal Assist ☐ Mechanical lift	☐ Requires Aids	☐ Unsteady Gait/Fall Risk	☐ Immobile
ACTION: ☐ ***Refer to PT for a mobility assessment for those with unsteady gait or likely fall risk*** ☐ ***Refer to OT for surface assessment for immobile individuals***				

Medication List (consider obtaining a copy of the person's medication administration record or consolidated orders if possible):

Medications that Interfere with Healing:

☐ Cytotoxic drugs	☐ Anti-Platelet Drugs/NSAIDs	☐ Nicotine	☐ Antibiotics	☐ Cholchicine	☐ Anti-Coagulants	☐ Vasoconstrictors
☐ Anti-RA Drugs	☐ Immunosuppressives	☐ Chemotherapy		☐ Corticosteroids	☐ Other:	

Co-factors Affecting Wound Healing:

☐ Inadequate Blood Supply	☐ Edema	☐ Anemia	☐ Unrelieved Pressure	☐ Neuropathy	☐ Glycemic Control
☐ Dehydration	☐ Malnutrition	☐ Adherence to Plan of Care		☐ Moisture/Incontinence	☐ Friction/Shear
☐ Immobility	☐ Pain	☐ Other			

Quality of Life:

Overall QOL - Delighted – Terrible (0-10):	Have you had to change your life style as a result of this ulcer? ☐ Yes ☐ No
Do you feel that you are no longer able to do the things you would like to do? ☐ Yes ☐ No	Wound impacts social activities: ☐ Yes ☐ No
Do you believe that your wound is ☐ healable ☐ non-healable, and why?	
ACTION: ☐ ***Refer to social work if quality of life seriously affected***	

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Wound Pain:

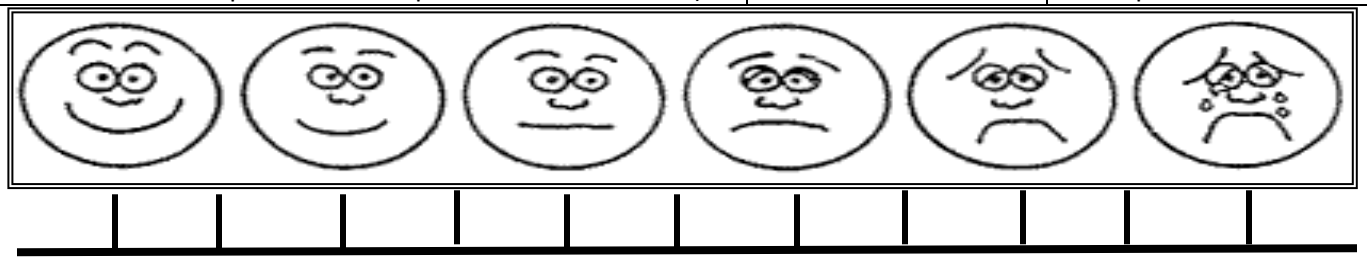
Location of wound pain:			
Frequency with which the person complains or shows evidence of wound pain:	☐ None	☐ Constant	☐ Intermittent
Does pain radiate from the wound?	☐ No	☐ Yes Description:	
Activity related to pain:	☐ Walking	☐ Elevating legs in bed (arterial)	☐ Standing for long periods (venous)
Activity related to pain relief:	☐ Elevating legs (venous)	☐ Letting legs rest below the level of the heart (arterial)	
Current management of pain (pharmaceutical, alternative, etc.):			
Intensity of pain (please note the individual components of this pain scale are validated).	Numerical:	Descriptor:	

UCLA Universal Wound Pain score _____

Wong-Baker Facial Grimace Scale

Numeric Value Scale

Verbal Descriptor Scale
Activity Tolerance Scale



0	1	2	3	4	5	6	7	8	9	10
No Pain		**Mild Pain**		**Moderate Pain**		**Moderate Pain**		**Severe Pain**		**Worst Pain Possible**
No Pain		**Can be Ignored**		**Interferes with Tasks**		**Interferes with Concentration**		**Interferes with Basic Needs**		**Bed rest Required**

ACTION: ☐ ***Refer to family physician or pain specialist for pharmaceutical management***
☐ ***Consider a referral to PT for trial of electrical stimulation for pain management***

Wound Information:

Wound History	☐ New	☐ Recurrent	☐ Chronic	Age of Wound:

Wound Treatments to Date:		**Ordered by:**	**Carried out by: (health care discipline)**	**Effective (Y/N)**
1.				
2.				

Action: ☐ ***Consider referral to physiotherapist or other qualified health professional for adjunctive therapies if healing has not occurred at the expected rate***

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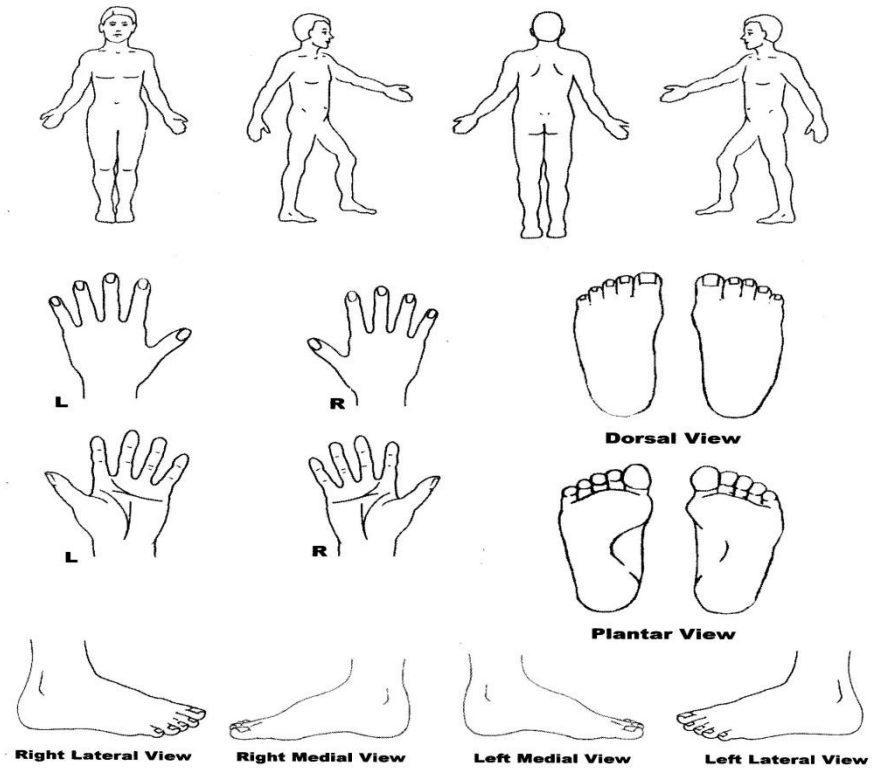
Current Wound Details:

	Type of Wound:	Number and Location of Wounds
☐	Pressure Ulcer & NPUAP Stage	Stage:
☐	Venous Leg Ulcer	
☐	Diabetic Foot Ulcer	Grade: Stage:
☐	Surgical Wound	
☐	Skin Tear	Category:
☐	Arterial	
☐	Arterial/ Venous	
☐	Other	

Use the diagrams below to indicate the location of all wounds



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