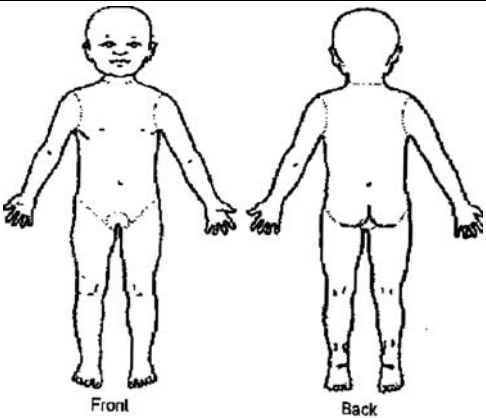


CHILDREN'S WOUND ASSESSMENT TOOL (use a separate tool for each individual wound)

Affix Addressograph if available		Factors which may delay wound healing	
Name: HCR No:		Please tick ✓ all that apply and refer to relevant careplan	
Address: DOB: ___/___/___		Reduced mobility <input type="checkbox"/> Poor Nutrition <input type="checkbox"/> Anaemia <input type="checkbox"/> Multiple trauma <input type="checkbox"/>	
.....		Incontinence (inappropriate for age) <input type="checkbox"/>	
.....		Other (please specify) <input type="checkbox"/>	
Ward / Dept: Consultant:		Weight: _____ kgs Height: _____ cm Date measured ___/___/___	
 <p>Please mark the location of the wound</p>		Any allergies or sensitivities (wound specific): Yes <input type="checkbox"/> No <input type="checkbox"/>	
		Multidisciplinary Team Referrals (Please indicate date sent):	
		Dietician: ___/___/___ Infectious Diseases: ___/___/___ Occupational Therapy: ___/___/___ Others: ___/___/___ Physiotherapy: ___/___/___ ___/___/___	
Please indicate type of wound (using list opposite)		Photograph(s) taken: Yes <input type="checkbox"/> No <input type="checkbox"/>	
Wound : <u>Please describe type / cause and location of wound</u>		Wound Swab performed: Yes <input type="checkbox"/> N/A <input type="checkbox"/> (following initial assessment)	
		Types of wounds (tick ✓ appropriate wound) <input type="checkbox"/> Surgical <input type="checkbox"/> Traumatic wound <input type="checkbox"/> Pressure Ulcer (Grade _____) <input type="checkbox"/> Lesion (please specify) _____ <input type="checkbox"/> Burn / Scald please indicate if: superficial; superficial partial thickness; partial thickness; full thickness; mixed thickness. <input type="checkbox"/> Other (please specify) _____	

Initial Wound Assessment						Plan			
Pain score (1-10)	Wound Dimensions	Wound Tissue Type	Exudate	Peri-wound skin	Signs of infection	Primary Dressing	Secondary Dressing	Plan Frequency of dressing change.	Sign & Grade
Use e.g. Faces Scale /VAS /FLACC	length cm width cm depth cm	<input type="checkbox"/> Epithelialising (pink) <input type="checkbox"/> Hypergranulation (bright red) <input type="checkbox"/> Sloughy (yellow /green) <input type="checkbox"/> Necrotic (black) <input type="checkbox"/> Granulating (red)	<input type="checkbox"/> None /low <input type="checkbox"/> Moderate <input type="checkbox"/> High	<input type="checkbox"/> Healthy/intact <input type="checkbox"/> Dry/scaling <input type="checkbox"/> Erythema <input type="checkbox"/> Fragile <input type="checkbox"/> Oedematous <input type="checkbox"/> Macerated	<input type="checkbox"/> Increased pain <input type="checkbox"/> Increased exudate <input type="checkbox"/> Increased odour <input type="checkbox"/> Heat <input type="checkbox"/> Pyrexia Other				
Drain: Yes <input type="checkbox"/> No <input type="checkbox"/> Type _____ To be removed ___/___/___									
Sutures: Yes <input type="checkbox"/> No <input type="checkbox"/> To be removed ___/___/___									
Assessment Date: ___/___/20___ Time: ___ : ___						Signature of Nurse: _____		Grade: _____	
Ward / Dept _____						Co-signature (if required): _____		Grade: _____	

Subsequent changes to plan of care					
Please complete this section if there is a change in the type or frequency of dressing change.					
Date & Time	Rationale for change to the plan of care or other relevant information	Primary Dressing	Secondary Dressing	Plan Frequency of dressing change.	Sign

Name _____
 HCR No. _____ DOB _____

Wound Assessment on Subsequent Dressing Change
 (Please use separate evaluation sheet to document the nursing care provided between dressing changes)



Date							
Please complete / tick ✓ if applicable. N/A if non-applicable							
Pain score (1-10) during procedure							
Analgesia administered							
Wound dimensions							
Length (cm) x Width (cm)	<u>length cm x width cm</u>	<u>length cm x width cm</u>	<u>length cm x width cm</u>	<u>length cm x width cm</u>	<u>length cm x width cm</u>	<u>length cm x width cm</u>	<u>length cm x width cm</u>
Depth (mm)	<u>depth cm</u>	<u>depth cm</u>	<u>depth cm</u>	<u>depth cm</u>	<u>depth cm</u>	<u>depth cm</u>	<u>depth cm</u>
Is wound tracking							
Is wound undermining							
Tissue type on wound bed							
Granulating (Red)							
Hypergranulating (Bright Red)							
Epithelialising (Pink)							
Sloughy (Yellow/Green)							
Necrotic (Black)							
Underlying structures visible							
Wound exudate levels / type							
None							
Low (L) / Moderate (M) / High (H)							
Colour of exudate							
Peri-wound skin							
Healthy/intact							
Dry/scaling							
Erythema							
Excoriated							
Oedematous							
Macerated							
Other							
Signs of Infection – 1 or more of these signs may indicate infection							
<i>Heat / Increasing pain / Increasing exudate / Increasing odour / Friable granulation tissue / Other</i>							
Sutures removed (date)							
Drain removed <u>specify type</u>							
Swabs performed / requested							
Photographs taken							
Comment <i>e.g. give details re condition of the wound, improving, deteriorating. If change of plan required, complete section overleaf</i>							
Signature & Grade							
Date / Time							