

Winchester Medical Center
WOUND CARE CENTER

WOUND CARE PATHWAY*
(Interdisciplinary—reassess every 30 days)

Patient Name: _____

F = First visit/team evaluation **S** = No show **C** = Cancelled **M** = MD visit **R** = RN visit **P** = PT visit

Month/ Yr	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31

		Visit # _____ Date _____
Elements of Care	Nursing Diagnosis/ Problems	1. Alteration in skin integrity 2. 3.
	Expected Patient Outcomes	1. Wound will decrease in size by ____% in ____ week(s) or 2. Erythema and/or induration will decrease by ____% in ____ week(s) 3. Necrotic tissue will decrease by ____% in ____ week(s) or 4. Wound healed in ____ week(s)
	Assessment	[] Improved [] Worse [] Same [] N/A
Plan of Treatment	Treatment	[] See most current wound care orders
	Patient/Family Participation	
	Activity/Safety	Activity as ordered
	Consults	
	Factors Limiting Progress	
	PLAN	

RN or PT Signature _____ **Date** _____ **Time** _____

Treatment Certification: I certify that I have reviewed the above plan, that the Wound Care Center visits are necessary, that services will be furnished while the patient is under my care, and that the plan will be reviewed every 30 days or more frequently based on the patient's needs.

MD Signature _____ **Date** _____ **Time** _____

**This clinical path is a guideline for the patient's care and does not represent a standard of medical care.*

WOUND CARE CENTER

WOUND CARE FLOW SHEET

Patient Name: _____

TYPE OF WOUND:

(Circle appropriate)

Neuropathic

Arterial

Pressure:

Arterial

Surgical

Stage II, III, IV

Venous

Necrotic

Location: _____

	Visit # _____ DATE/TIME _____ Wound # _____	Visit # _____ DATE/TIME _____ Wound # _____	Visit # _____ DATE/TIME _____ Wound # _____
Vital Signs (P, R, BP)	P _____ R _____ BP _____	P _____ R _____ BP _____	P _____ R _____ BP _____
PERIPHERAL EDEMA 0 None 3+ 5-10 mm 1+ 2 mm indent 4+ >10 mm 2+ 2-5 mm 5+ tightness (unable to pit)			
DRESSING STATUS 1. Intact 2. Loose 4. Dry 3. Wet 5. Other (specify)			
EXUDATE A. Amount 1. None 3. Moderate 2. Minimal 4. Copious			
B. Color 1. Serous 5. Green 2. Sang. 6. Purulent 3. Serous/Sang. 7. Bloody 4. Tan/Brown 8. Other (specify)			
C. Odor 1. Not present 2. Present (specify)			
WOUND BASE 1. Pink 6. Moist 2. Red 7. Epithelialization 3. Yellow 8. Dry 4. Black 9. Tunneling 5. Granulating 10. Other (describe)			
WOUND EDGES 1. Pink 4. Undermining 2. Red 5. Other (specify) 3. Calloused			
SURROUNDING SKIN 1. Intact 2. Macerated 4. Rash 3. Erythematous 5. Other (specify)			
MEASUREMENT (____cm) <i>Measure each visit</i> Length (L) Width (W) _____ L _____ W Depth (D) Tunneling (T) _____ D _____ T Undermining (U) _____ U Surface area = L × W × D _____ Surface area Picture taken this visit? <input type="checkbox"/> Picture taken			
WOUND CARE/TREATMENT	<input type="checkbox"/> Per wound care orders	<input type="checkbox"/> Per wound care orders	<input type="checkbox"/> Per wound care orders
PATIENT REACTION 1. Tolerated well 3. Other (specify) 2. Painful (Use pain scale 0-10)			
PATIENT/FAMILY EDUCATION			
Time spent with patient (for tracking and billing)			
RN/PT initials:			

(Use back of page for Narrative Notes.)

Narrative Notes

WOUND CARE FLOW SHEET

[illegible]