

**Wound progression chart. Patient name…………………………………………NHS No…………………….**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Week 1** **Baseline**  | **Week 6** | **Week 12** | **Week 18** | **Week 24** | **Week--** | **Week --** |
| **Date** |  |  |  |  |  |  |  |
| **Wound healing risk factors reviewed?****(Refer to wound healing algorithm) (√)** |  |  |  |  |  |  |  |
| **Wound tracing taken (√)** |  |  |  |  |  |  |  |
| **Size in cm² (refer to measuring guide)** |  |  |  |  |  |  |  |
| **% of surface area reduction since last tracing** |  |  |  |  |  |  |  |
| **Is wound progressing normally? Yes/ No** |  |  |  |  |  |  |  |
| **If no, do you need to refer to tissue viability?****Yes/ No** |  |  |  |  |  |  |  |
| **Date of referral** |  |  |  |  |  |  |  |
| **Wound photo taken (√)** |  |  |  |  |  |  |  |
| **Is wound bed healthy? (√)** |  |  |  |  |  |  |  |
| **Is wound colonised? (√)** |  |  |  |  |  |  |  |
| **Is wound bed critically colonised** **(Locally infected)? (√)**  |  |  |  |  |  |  |  |
| **% of necrosis** |  |  |  |  |  |  |  |
| **% of slough** |  |  |  |  |  |  |  |
| **% of granulation tissue** |  |  |  |  |  |  |  |
| **% of epithelialisation** |  |  |  |  |  |  |  |
| **Is there systemic infection? (√)** |  |  |  |  |  |  |  |
| **Date of swab taken** |  |  |  |  |  |  |  |
| **Antibiotics prescribed & date commenced** |  |  |  |  |  |  |  |
| **Is peri wound skin - healthy, macerated,** **Excoriated, eczematous, oedematous?** **(State which)** |  |  |  |  |  |  |  |
| **Level of exudate.****Low, moderate or high** |  |  |  |  |  |  |  |
| **Pain level 0 – 5 (No pain – worst pain)** |  |  |  |  |  |  |  |
| **Has the type of pain changed since last** **assessment?** |  |  |  |  |  |  |  |
| **Is there a pain care plan in place?** |  |  |  |  |  |  |  |
| **Quality of life assessment taken?** **Date.** |  |  |  |  |  |  |  |
| **Ankle circumference (in cm)** |  |  |  |  |  |  |  |
| **Calf circumference (in cm)** |  |  |  |  |  |  |  |
| **Thigh circumference (in cm) If applicable.** |  |  |  |  |  |  |  |
| **Name and signature of clinician** |  |  |  |  |  |  |  |