## CVH-617CONNECTICUT VALLEY HOSPITAL –New 5/18WOUND CARE FLOWSHEET

Name

## MPI#

Print or Addressograph Imprint

[ ] General Psychiatry Division

[ ] Addiction Services Division

<u>INSTRUCTIONS</u>: Document daily until healed Document wound measurement weekly

Right   Left     Wound Location:   (Describe and draw on figure)     DATE WOUND RESOLVED:	Wound Type:
Document WEEKLY: Date / Nurse Initials	Treatments:
Pressure Ulcer Stage or N/A	H Hydrocolloid DSD Dry sterile HY Hydrogel/solosite WD Wet to Dry
Wound Measurement (cm) Length	cm If if if yor ogen solosite wD we to Dry   F Foam Vac Wound vac
Width	CA Ca Alg ASA Ca Alg with silver
Depth Tunneling (cm) or N/A (Identify location using clock face)	cm X Xeroform BS Barrier Spray   Air Oren to Air O Other (describe)
<b>Undermining</b> (cm) <b>or</b> N/A ( <i>Identify location using clock face</i> ) <b>Undermining</b> (cm) <b>or</b> N/A ( <i>Identify location using clock face</i> )	Air Open to Air O Other (describe)
Document DAILY: Date / Nurse Initials	
Wound Appearance     R     Granulation (red)	R % R % R % R % R % R %
Y Slough ( <i>yellow</i> )	Y % Y % Y % Y % Y % Y % Y %
B Necrotic ( <i>black</i> )	B % B % B % B % B % B % B %
Drainage Type / Amount	
Surrounding Skin (Periwound Area)	
Odor Yes/No	
Treatments	
Initials/Signature:	Initials/Signature: Initials/Signature:
Initials/Signature:	Initials/Signature: Initials/Signature:

File in the Physical Health Section of the Medical Record following the Physical Health Progress Notes.