□ Clinical Notes Attached

Wound Assessment Addendum (6 or more wounds)

Member Name:	**ID:**	**Date:**	**Facility:**

1. Wound #_____Follow up	**3. Wound #____ Follow up**
Type: □ Surgical □ Arterial □ Venous	**Type:** □ Surgical □ Arterial □ Venous
□ Foot Wound □ Pressure □ Trauma	□ Foot Wound □ Pressure □ Trauma
Location:	**Location:**
□ Over bony prominences	□ Over bony prominences
□ Under a medical device (e.g. 02 mask, tubing)	□ Under a medical device (e.g. 02 mask, tubing)
□ Site of previously healed ulcer?	□ Site of previously healed ulcer?
Dimensions: _____ Granulation_____% Eschar_____% Necrosis_____%	**Dimensions:** _____ Granulation_____% Eschar_____% Necrosis_____%
Slough_____**%** Undermining_____**%** Tunneling_____%	Slough_____**%** Undermining_____**%** Tunneling_____%
Stage: 1 2 3 4 Improved? □ Yes □ No	Stage: 1 2 3 4 Improved? □ Yes □ No
If no, plan changes? □ Yes □ No	If no, plan changes? □ Yes □ No
□ Antibiotic started or changed	□ Antibiotic started or changed
□ Referred to wound care	□ Referred to wound care
□ Referred to infectious disease	□ Referred to infectious disease
□ Referred to vascular surgery	□ Referred to vascular surgery
□ Other (list)	□ Other (list)
□ Attach follow up culture or imaging	□ Attach follow up culture or imaging
Pain: 1 2 3 4 5 6 7 8 9 10 Improved? □ Yes □ No Plan:	Pain: 1 2 3 4 5 6 7 8 9 10 Improved? □ Yes □ No Plan:
2. Wound #____ Follow up	**4. Wound #____ Follow up**
Type: □ Surgical □ Arterial □ Venous	**Type:** □ Surgical □ Arterial □ Venous
□ Foot Wound □ Pressure □ Trauma	□ Foot Wound □ Pressure □ Trauma
□	□
Location:	**Location:**
□ Over bony prominences	□ Over bony prominences
□ Under a medical device (e.g. 02 mask, tubing)	□ Under a medical device (e.g. 02 mask, tubing)
□ Site of previously healed ulcer?	□ Site of previously healed ulcer?
Dimensions: _____ Granulation_____% Eschar_____% Necrosis_____%	**Dimensions:** _____ Granulation_____% Eschar_____% Necrosis_____%
Slough_____% Undermining_____% Tunneling_____%	Slough_____% Undermining_____% Tunneling_____%
Stage: 1 2 3 4 Improved? □ Yes □ No	Stage: 1 2 3 4 Improved? □ Yes □ No
If no, plan changes? □ Yes □ No	If no, plan changes? □ Yes □ No
□ Antibiotic started or changed	□ Antibiotic started or changed
□ Referred to wound care	□ Referred to wound care
□ Referred to infectious disease	□ Referred to infectious disease
□ Referred to vascular surgery	□ Referred to vascular surgery
□ Other (list)	□ Other (list)
□ Attach follow up culture or imaging	□ Attach follow up culture or imaging
Pain: 1 2 3 4 5 6 7 8 9 10 Improved? □ Yes □ No Plan:	Pain: 1 2 3 4 5 6 7 8 9 10 Improved? □ Yes □ No Plan: