



Exceptional Case Application Attachment 4 – Wound Care

Completing this form

This form is to be used as an attachment to an Exceptional Case Application where wound care is being provided. This form must be completed by a Registered Nurse (RN).

This form should also be completed when submitting a nursing consumables form over \$1,000 relating to wound care.

Where possible please complete and return this application form electronically.

If you are completing this form manually, please use BLACK pen to complete all information on this form.

The Department of Veterans' Affairs (DVA) cannot assess an incomplete or illegible form.

Contacting the Community Nursing team

If you require assistance completing this form, please email DVA at exceptional.cases@dva.gov.au

1. Provider details

Provider name	<input style="width: 450px; height: 25px;" type="text"/>
Provider number	<input style="width: 250px; height: 25px;" type="text"/>

2. Client information

DVA file number	<input style="width: 250px; height: 25px;" type="text"/>
Surname	<input style="width: 450px; height: 25px;" type="text"/>
Given name(s)	<input style="width: 450px; height: 25px;" type="text"/>
Date of birth	<input style="width: 140px; height: 25px;" type="text"/>

3. Wound location and dimension

	Location	Dimension
Wound 1	<input style="width: 280px; height: 25px;" type="text"/>	<input style="width: 140px; height: 25px;" type="text"/>
Wound 2	<input style="width: 280px; height: 25px;" type="text"/>	<input style="width: 140px; height: 25px;" type="text"/>
Wound 3	<input style="width: 280px; height: 25px;" type="text"/>	<input style="width: 140px; height: 25px;" type="text"/>
Wound 4	<input style="width: 280px; height: 25px;" type="text"/>	<input style="width: 140px; height: 25px;" type="text"/>

4. Wound onset / duration

	Date of onset	Date healed (<i>leave blank if ongoing</i>)
Wound 1	<input style="width: 140px; height: 25px;" type="text"/>	<input style="width: 140px; height: 25px;" type="text"/>
Wound 2	<input style="width: 140px; height: 25px;" type="text"/>	<input style="width: 140px; height: 25px;" type="text"/>
Wound 3	<input style="width: 140px; height: 25px;" type="text"/>	<input style="width: 140px; height: 25px;" type="text"/>
Wound 4	<input style="width: 140px; height: 25px;" type="text"/>	<input style="width: 140px; height: 25px;" type="text"/>

5. Wound Type

	Wound 1	Wound 2	Wound 3	Wound 4
Leg Ulcer – Arterial (A)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leg Ulcer – Venous (V)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leg Ulcer – Mixed AV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Neuro / Ischaemic Ulcer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Skin Tear (complete question 8)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pressure Injury (PI) (complete question 9)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Malignancy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Surgical Wound	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Burn	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other / Undiagnosed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6. Factors affecting healing

- | | |
|---|--|
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Respiratory disease |
| <input type="checkbox"/> Cardiovascular disease | <input type="checkbox"/> Anaemia |
| <input type="checkbox"/> Autoimmune disease | <input type="checkbox"/> Smoking |
| <input type="checkbox"/> Medications | <input type="checkbox"/> Venous insufficiency /
lymphoedema |
| <input type="checkbox"/> Poor nutrition | |
| <input type="checkbox"/> Other - please specify | |

7. Wound management goals
(preventative, healing,
management/maintenance,
palliative)

Wound 1	<input type="text"/>
	<input type="text"/>
Wound 2	<input type="text"/>
	<input type="text"/>
Wound 3	<input type="text"/>
	<input type="text"/>
Wound 4	<input type="text"/>
	<input type="text"/>

8. Skin Tear

Specify skin tear classification for each skin tear if applicable

Leave blank and skip to question 9 if not applicable

Wound 1

Wound 2

Wound 3

Wound 4

International Skin Tear Advisory Panel (ISTAP) Classification System for skin tears only. www.skintears.org

Type 1 No Skin Loss – linear or flap tear which can be repositioned to cover the wound bed.

Type 2 Partial Flap Loss – cannot be repositioned to cover the wound bed.

Type 3 Total Flap Loss – entire wound bed is exposed.

9. Pressure Injury

Specify PI stage for each PI if applicable

Leave blank and skip to question 10 if not applicable

Wound 1

Wound 2

Wound 3

Wound 4

Pressure Injury Classification System

Stage I Non-blanchable erythema of intact skin.

Stage II Partial thickness skin loss. Shallow open wound with pink-red wound base. No slough present.

Stage III Full thickness skin loss involving subcutaneous tissue. Slough may be present. May include undermining or tunnelling.

Stage IV Full thickness tissue loss with exposed bone, tendon or muscle. Slough or eschar may be present.

Unstageable depth unknown – full thickness tissue loss with slough and/or eschar covering wound base and preventing a determination of wound depth.

Suspected deep tissue injury: depth unknown – purple or maroon localised area, discoloured intact skin or blood blister. Area may be painful, firm, mushy, boggy, warmer or cooler than adjacent areas.

10. Health services used for management of current wound(s)

Tick all that apply

 GP Dietician Occupational Therapy Podiatry / High Risk Foot Clinic Other – please specify Nurse Practitioner Wound Care Nurse Consultant Wound Clinic Medical / Surgical Specialist**11. Investigations**

Tick all applicable for wounds being treated

 Ankle Brachial Pressure Index (ABPI) Duplex Ultrasound Arterial / Venous Bone scan Biopsy Other relevant investigations – please specify Toe Brachial Pressure Index (TBPI) X-ray Wound swab Bloods

Wound Bed Assessment**12. Tissue (viable / non-viable)**

	Wound 1	Wound 2	Wound 3	Wound 4
Necrotic %	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Sloughy %	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Granulating %	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Epithelialising %	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Bone-tendon %	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Pocketing granulation %	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other %	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

13. Infection / Inflammation

No infection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Infection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Suspected biofilm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No inflammation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Inflammation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

14. Exudate amount

Nil / Dry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Low	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Moderate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heavy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

15. Exudate type

Nil	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Serous	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Haemoserous	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sanguineous	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Purulent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

16. Odour

Nil	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Offensive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

17. Edge / Peri wound

Healthy / Intact	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maceration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dry / callous / hyperkeratosis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rolled	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Undermining	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Erythema	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oedematous	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Excoriation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Eczema	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

18. Pain

Enter level of pain
 0 = no pain
 1 - 3 = mild pain
 4 - 6 = moderate pain
 7 - 10 = severe pain

	Wound 1	Wound 2	Wound 3	Wound 4
Pre-procedural pain (1 - 10)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Procedural pain (1 - 10)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Post-procedural pain (1 - 10)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Does the client require prophylactic procedural analgesia?

No

Yes Provide information on which medication/therapy and when

Wound Management

19. Rationale for current dressing regimen

Please include who prescribed current wound dressing regimen and frequency of current dressing change - e.g. debride non-viable tissue, manage exudate, reduce biofilm, prevent maceration, protect healthy granulation tissue etc.

Wound 1	<input type="text"/>
Wound 2	<input type="text"/>
Wound 3	<input type="text"/>
Wound 4	<input type="text"/>

20. Wound Consumables used

For all wounds please provide a listing of the dressings used for one dressing change.

If the regimen alters throughout the 28 day care period then provide a list for each particular regimen.

E.g. Wound One - Atraumann 10 x 10cm, Zetuvit Plus 10 x 10cm, Blue line tubifast (3rd daily for first two weeks).

Aquacel AG 10 x 10cm, Zetuvit Plus, Blue line tubifast, 3-layers Size E tubifast (2nd daily for second two weeks).

Wound 1	<input type="text"/>
Wound 2	<input type="text"/>
Wound 3	<input type="text"/>
Wound 4	<input type="text"/>

21. Additional comments

22. Attachments

Full colour photos of each wound **must be provided** with this application.
All photos must include the client's name and be dated.

Attached

Full colour photos of each wound

23. Declaration

Declaration must be signed by the RN completing this form.

Full name

Title

Signature

(electronic
signature accepted)



Date