

Attachment 4

Wound Care

1. Entitled Person Details

DVA file number

Surname

Given name(s)

2. Wound Onset

Date of wound onset:

Wound 1

Wound 2

 / /
 / /

Wound 3

Wound 4

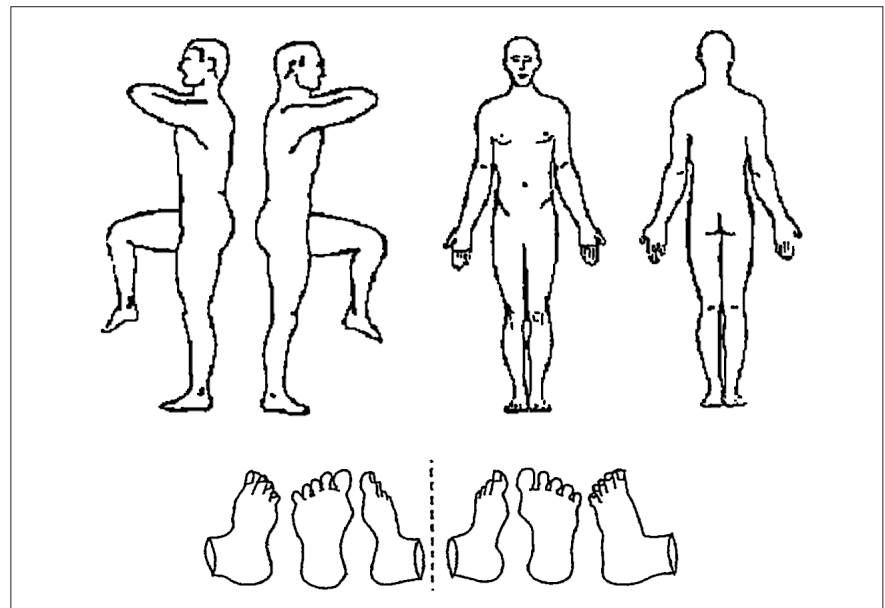
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3. Wound Aetiology

Please indicate the aetiology and location of the wound(s)

4. Wound Location

Please mark the location of the wound(s) with an "X" and wound number:



5. Wound Type

Please tick the appropriate wound type for each wound:

	Wound 1	Wound 2	Wound 3	Wound 4
(A) Leg/Foot ulcer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(B) Skin Tear	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(C) Pressure Injury	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(D) Surgical Site	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(E) Malignant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(F) Burns	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(G) Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6. Skin Tear

Please specify skin tear category for each skin tear:

	Wound 1	Wound 2	Wound 3	Wound 4
Category (1a, 1b, 2a, 2b or 3)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

STAR Classification System for skin tears only**1a.** Edges **can** be realigned. Skin or flap colour **is not** pale, dusky or darkened.**1b.** Edges **can** be realigned. Skin or flap colour **is** pale, dusky or darkened.**2a.** Edges **cannot** be realigned. Skin or flap colour **is not** pale, dusky or darkened.**2b.** Edges cannot be realigned. Skin or flap colour is pale, dusky or darkened.**3.** Skin flap is completely absent.

Skin Tear Audit Research (STAR)

(As endorsed by AWMA)

7. Pressure Injury

Please specify the wound stage for each pressure injury:

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

(I, II, III, IV, unstageable or suspected deep tissue injury)

Pressure Injury Classification System**Stage 1** Non-blanchable erythema of intact skin.**Stage II** Partial thickness skin loss. Shallow open wound with a red-pink 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.

(As endorsed by AWMA)

8. Health Services Used for Wound Management

Please tick the health service(s) used for wound management:

<input type="checkbox"/> GP	<input type="checkbox"/> Wound Care Nurse Consultant
<input type="checkbox"/> Dietician	<input type="checkbox"/> Wound Clinic
<input type="checkbox"/> Occupational therapy	<input type="checkbox"/> Medical/Surgical Specialist
<input type="checkbox"/> Podiatry	<input type="checkbox"/> Other
	<input type="text"/>

9. Wound Classification

Please tick the appropriate category item for each wound:

Appearance	Wound 1	Wound 2	Wound 3	Wound 4
(A) Pink - epithelialisation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(B) Red - granulation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(C) Yellow - slough	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(D) Green - infected	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(E) Black - necrotic/eschar	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Periwound Skin	Wound 1	Wound 2	Wound 3	Wound 4
(A) Normal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(B) Maceration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(C) Discolouration/Staining	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(D) Erythema/Inflammation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(E) Eczema	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(F) Cellulitis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(G) Oedema	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(H) Other, specify	<input type="text"/>			
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exudate	Wound 1	Wound 2	Wound 3	Wound 4
(A) Nil	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(B) Low	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(C) Moderate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(D) Heavy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Type	Wound 1	Wound 2	Wound 3	Wound 4
(A) Serous	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(B) Haemoserous	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(C) Purulent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(D) Haemopurulent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Odour	Wound 1	Wound 2	Wound 3	Wound 4
(A) Nil	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(B) Offensive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pain	Wound 1	Wound 2	Wound 3	Wound 4
(A) At wound site	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(B) At dressing change	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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