

Patient

Date of birth

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Medical Record Number (MRN)

Date:

Time:

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Wound Description

Location: [e.g. Sacrum, Heel, etc.]	
Stage: [e.g., Stage II, Stage III, etc.]	
Size: [Length x Width x Depth in cm]	
Appearance: [e.g., Red, Granulating, Necrotic, etc.]	
Exudate: [e.g., None, Serous, Purulent, etc.]	
Odor: [e.g., None, Foul, etc.]	

Wound Care Procedure

Cleaned with: [e.g., Normal Saline, Antiseptic Solution, etc.]	
Debridement: [e.g., Stage II, Stage III, etc.]	
Dressing Applied: [e.g., Hydrocolloid, Foam, Gauze, etc.]	
Additional Treatments: [e.g., Antibiotic Ointment, Negative Pressure Wound Therapy, etc.]	

Patient Response

Pain Level: [0 = No pain, 10 = Worst pain] 0 ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ 10	Patient's Comments:
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Caregiver information

Nurse/Doctor Name:	Signature: