Wound Care Weekly Notes

Resident name_____ Date_____

Wound Location_____ Wound Care Center Y N

Wound bed appearance PINK TAN BEEFY RED BLACK BLOODY

Stage I II III IV Unstageable (Do not backstage wounds)

Wound size _____cmX_____cmX_____cm UNMEASURABLE

Drainage CLEAR BLOOD TINGED BLOODY GREEN TAN Amount _____

Dressing orders _____

Comments_____

_____

_____

Nurse Signature_____ Date_____

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Nurse Signature_____ Date_____