Wound Assessment
Assess the Person and the Environment

- Medical history, general health and physical assessment
  - Include nutrition and mobility assessment
- Psychosocial history and environment
- Pain
- Wound history and duration
Assess, classify and document:

- wound type,
- size, shape, site, depth,
- tissue type, colour,
- odour, exudate,
- wound margin,
- surrounding skin and tissue condition
Wound location

Venous leg ulcer on left inner ankle, lower 3rd of leg

Skin cancers sun exposed areas

Diabetic foot ulcer side of foot (5th metatarsal head)
Wound bed

Clinical Appearance
1. Necrotic / black
2. Sloughy / yellow
3. Granulating / red
4. Epithelialising / pink
5. Infected / green
<table>
<thead>
<tr>
<th>Edges</th>
<th>Type of wound</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sloping</td>
<td>Venous ulcer</td>
</tr>
<tr>
<td>Punched out</td>
<td>Arterial ulcer</td>
</tr>
<tr>
<td>Rolled</td>
<td>Basal cell carcinoma</td>
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<tr>
<td>Raised</td>
<td>Squamous cell carcinoma</td>
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<tr>
<td>Undermining</td>
<td>Pressure ulcer</td>
</tr>
<tr>
<td>Calloused</td>
<td>Diabetic foot ulcer</td>
</tr>
<tr>
<td>Purple</td>
<td>Vasculitic</td>
</tr>
</tbody>
</table>
Surrounding skin

- Cellulitis
- Oedema
- Foreign bodies
- Eczema
- Maceration
- Warmth
- Capillary refill time
- Colour
Infection

Assess for clinical signs & symptoms of infection, i.e.,

- Heat
- Redness
- Swelling
- Pain
- Delayed healing and/or wound deterioration
- Contact bleeding
- Malodour
- Purulent exudate
- Abnormal granulation tissue
Reassessment of response and progress in healing

Reassess and document progress in healing regularly:

- At least once /month for chronic wounds
- More frequently for acute or complex wounds
- Objective measurement: tracing / photography / laser imaging
e.g. for wound photography, follow photography protocol,
ensure ruler included in photo, good lighting
- Include evaluation of response to any treatments
  (including treatments for pain, infection, pressure off-loading etc)
Holistic and Patient Focused

• “whole” not “hole”
• individual risk factors
• individual circumstances
References


Further information


International Wound Infection Institute [www.woundinfection-institute.com](http://www.woundinfection-institute.com)

National Institute for Health and Clinical Excellence (NICE) [http://www.nice.org.uk/](http://www.nice.org.uk/)


Scottish Intercollegiate Guidelines Network (SIGN) [http://www.sign.ac.uk/](http://www.sign.ac.uk/)


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