

# Wound Care Nursing Assessment Form

Patient Name

Medical Record Number

Date of Assessment

Location of Wound

Type of Wound

Duration

Wound Measurement (Length x Width x Depth in cm)

Wound Bed Appearance

Exudate Amount

Exudate Type

Odor

Wound Edges

Surrounding Skin Condition

Pain Assessment (0-10)

Current Dressing

Other Observations / Comments

Nurse Name

Signature