

# Home Health Care Wound Assessment Documentation

Patient Name

Date of Assessment

Assessor Name

## Wound Details

Location of Wound

Type of Wound

Wound Measurement (L x W x D cm)

Wound Bed Appearance

Exudate (Amount & Type)

Odor

Edges

Surrounding Skin

Signs of Infection

Pain (0-10)

## Care Provided

Wound Cleansing Method

Dressing Applied

Patient Education

Follow-up/Additional Notes