

Home Health Wound Care Documentation

Patient Name

Date of Visit

Clinician Name

Patient ID

Wound Assessment

Wound Location

Wound Type

Wound Size (L x W x D in cm)

Wound Appearance

Periwound Skin Condition

Exudate Amount

Exudate Type

Odor

Care Provided

Wound Cleansed With

Dressing Applied

Additional Interventions

Patient Response and Teaching

Patient Response

Teaching/Education Provided

Next Visit Date

Clinician Signature