

ICY WOUND ASSESSMENT A PATIENT WOUND PROFILE REPORT

Name:	Age:	Team:
DOB:		PARIS ID:
Gender:		PHN:

Header Details

Date Started:	End Date:
Carried Out By:	Assessment ID:
Recorded By:	Assoc. Referral ID:

Patient Wound Profile

Factors That Interfere With Wound Healing

- | | |
|--|---|
| <input type="checkbox"/> Anticoagulants | <input type="checkbox"/> Poor Perfusion |
| <input type="checkbox"/> Chemotherapy | <input type="checkbox"/> Wound Infection |
| <input type="checkbox"/> Gold | <input type="checkbox"/> Smoking |
| <input type="checkbox"/> Methotrexate | <input type="checkbox"/> Immobility |
| <input type="checkbox"/> NSAIDS | <input type="checkbox"/> Elevated B.P. |
| <input type="checkbox"/> Steroids | <input type="checkbox"/> Frail Skin |
| <input type="checkbox"/> Vascoconstrictors | <input type="checkbox"/> Uncontrolled Blood Sugar |
| <input type="checkbox"/> Poor Nutrition | <input type="checkbox"/> Chemical Dependency |

Comments

Medications That Interfere With Wound Management

Wound Profile

Date of Onset Recurrent No Yes

Estimated Wound Care Program Stay

Variance from Estimated Wound Care Program Stay

Patient Care

Wound Location

- | | | |
|-----------|-------------------------------|--------------------------------|
| Anterior | <input type="checkbox"/> Left | <input type="checkbox"/> Right |
| Posterior | <input type="checkbox"/> Left | <input type="checkbox"/> Right |

Wound Etiology

- | | |
|--------------------------------------|---------------------------------------|
| <input type="checkbox"/> Neuropathic | <input type="checkbox"/> Surgical |
| <input type="checkbox"/> Arterial | <input type="checkbox"/> Radiation |
| <input type="checkbox"/> Venous | <input type="checkbox"/> Inflammatory |
| <input type="checkbox"/> Trauma | <input type="checkbox"/> Pressure |
| <input type="checkbox"/> Burn | Pressure Ulcer Stage |
| <input type="checkbox"/> Malignant | <input type="checkbox"/> Other |

Comments

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Goals

<input type="checkbox"/> Conserving Healing	<input type="checkbox"/> Maintenance
<input type="checkbox"/> Surgical Intervention	

Infections

Other Investigations

Treatment Modalities

Vacuum Assisted Closure	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Massage
<input type="checkbox"/> Laser			<input type="checkbox"/> Hyperbaric Oxygen
<input type="checkbox"/> Ultrasound			<input type="checkbox"/> Other
<input type="checkbox"/> Electro-stim			

Comments

Previous Products Used

Albumin

Pre-Albumin

Wound Assessment

Date Entered	Length	cm	mm	Width:	cm	mm	Depth:	cm	mm	Undermining	cm	mm
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Allergies - Current

Content may have been entered/updated after assessment completed.

Date Entered	Allergen	Category	Source	Reaction	Reaction Details
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Diagnosis

Date	Diagnosis Type	Diagnosis	State	Aware?	Comments
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Casenote (may have been added after assessment end dated)

Note: Once downtime information from this form has been entered in PARIS, shred this working sheet.

----- End of Report -----