1. Location: Wound: _____ **Type of Wound:** _____ **Date:** _____

Wound Care per health care provider order:

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Nurse Ints.																															
Nurse Ints.																															
Nurse Ints.																															

Week 1:	**Week 2:**	**Week 3:**	**Week 4:**	**Week 5:**
Size (cm) Length:_____	Size (cm) Length:_____	Size (cm) Length:_____	Size (cm) Length:_____	Size (cm) Length:_____
Size (cm) Width:_____	Size (cm) Width:_____	Size (cm) Width:_____	Size (cm) Width:_____	Size (cm) Width:_____
Size (cm) Depth:_____	Size (cm) Depth:_____	Size (cm) Depth:_____	Size (cm) Depth:_____	Size (cm) Depth:_____
U/T_____cm____	U/T_____cm____	U/T_____cm____	U/T_____cm____	U/T_____cm____
U/T_____cm____	U/T_____cm____	U/T_____cm____	U/T_____cm____	U/T_____cm____
Drainage:_____	Drainage:_____	Drainage:_____	Drainage:_____	Drainage:_____
Odor:_____	Odor:_____	Odor:_____	Odor:_____	Odor:_____
Color:_____	Color:_____	Color:_____	Color:_____	Color:_____

2. Location: Wound: _____ **Type of Wound:** _____ **Date:** _____

Week 1:	**Week 2:**	**Week 3:**	**Week 4:**	**Week 5:**
Size (cm) Length:_____	Size (cm) Length:_____	Size (cm) Length:_____	Size (cm) Length:_____	Size (cm) Length:_____
Size (cm) Width:_____	Size (cm) Width:_____	Size (cm) Width:_____	Size (cm) Width:_____	Size (cm) Width:_____
Size (cm) Depth:_____	Size (cm) Depth:_____	Size (cm) Depth:_____	Size (cm) Depth:_____	Size (cm) Depth:_____
U/T_____cm____	U/T_____cm____	U/T_____cm____	U/T_____cm____	U/T_____cm____
U/T_____cm____	U/T_____cm____	U/T_____cm____	U/T_____cm____	U/T_____cm____
Drainage:_____	Drainage:_____	Drainage:_____	Drainage:_____	Drainage:_____
Odor:_____	Odor:_____	Odor:_____	Odor:_____	Odor:_____
Color:_____	Color:_____	Color:_____	Color:_____	Color:_____

Wound Care per health care provider order:

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Nurse Ints.																															
Nurse Ints.																															
Nurse Ints.																															

3. Location: Wound: _____ **Type of Wound:** _____ **Date:** _____

Week 1:	**Week 2:**	**Week 3:**	**Week 4:**	**Week 5:**
Size (cm) Length:_____	Size (cm) Length:_____	Size (cm) Length:_____	Size (cm) Length:_____	Size (cm) Length:_____
Size (cm) Width:_____	Size (cm) Width:_____	Size (cm) Width:_____	Size (cm) Width:_____	Size (cm) Width:_____
Size (cm) Depth:_____	Size (cm) Depth:_____	Size (cm) Depth:_____	Size (cm) Depth:_____	Size (cm) Depth:_____
U/T_____cm____	U/T_____cm____	U/T_____cm____	U/T_____cm____	U/T_____cm____
U/T_____cm____	U/T_____cm____	U/T_____cm____	U/T_____cm____	U/T_____cm____
Drainage:_____	Drainage:_____	Drainage:_____	Drainage:_____	Drainage:_____
Odor:_____	Odor:_____	Odor:_____	Odor:_____	Odor:_____
Color:_____	Color:_____	Color:_____	Color:_____	Color:_____

Wound Care per health care provider order:

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Nurse Ints.																															
Nurse Ints.																															
Nurse Ints.																															

A. Place initials in appropriate box when wound care is provided   **B. Circle initials when wound care is refused**   **C. State reason refused in progress note**

Nurse Signature	Ints.	Nurse Signature	Ints.	Nurse Signature	Ints.

Inmate Name   DOC #:
(Last, First)