

WEEKLY WOUND TRACKING WORKSHEET

Facility: _____

Week of: _____

Room No.	Patient Name	ADMITTED WITH	ACQUIRED	DATE 1 st OBSERVED	Wound Location	Pressure				Non-Pressure P=Partial F=Full					Exudate <i>(Light, Moderate or Heavy)</i>	Wound Size L x W x D <i>(Include tunneling & undermining)</i>	Treatment <i>(Include specific cover dressing)</i>
						STAGE 2	STAGE 3	STAGE 4	UNSTAGEABLE	VENOUS	ARTERIAL	DIABETIC	SURGICAL	OTHER			
									<input type="checkbox"/> Slough _____% Necrosis _____%	P	P	P	P	P			
									<input type="checkbox"/> Slough _____% Necrosis _____%	P	P	P	P	P			
									<input type="checkbox"/> Slough _____% Necrosis _____%	P	P	P	P	P			
									<input type="checkbox"/> Slough _____% Necrosis _____%	P	P	P	P	P			
									<input type="checkbox"/> Slough _____% Necrosis _____%	P	P	P	P	P			
									<input type="checkbox"/> Slough _____% Necrosis _____%	P	P	P	P	P			

Completed by: (Print Name)

(Signature)

(Credentials i.e. RN, LPN)

Date