

Appendix 12: Wound Care Passport

Notes page for Patient/nurse/GP/MDT – visits and consultations

Please print your name, base/ward and date each entry

WOUND CARE PASSPORT

The aim of this Passport is to improve wound care communication **between care settings**. Please include any specific information i.e. current investigations, procedures and treatments received. Please note if known to TVN, Podiatry, consultants etc.

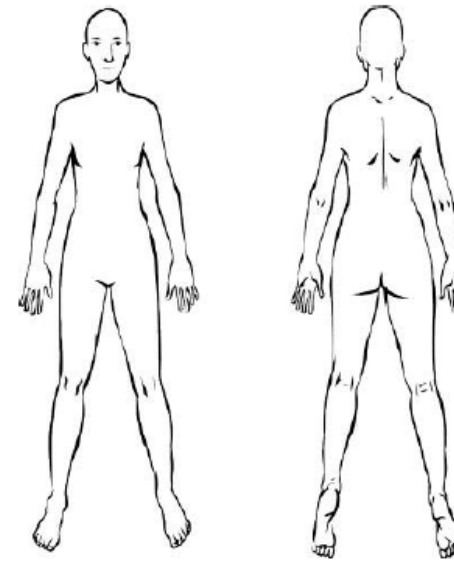
TO BE KEPT BY THE PATIENT

Allergies/Sensitivities to drugs and wound care products

Patient Information			
Name:			
NHS Number:			
GP and Telephone:			
Nurse:			
Community Team referrals :	York Teaching Hospital FT - SPA 01904721200		
Other;		
Completed by;	Print Name	Hospital/Ward/base	Date

Tissue Viability Team, Version 7 draft March 2015 –review 2015

Classification of wound – note on wound map	Tick	Date	PU wound categorisation (EPUAP 2009)
Leg ulcer Left; Right; APBI			Pressure ulcer (s) Categories, site, size and date when discovered and Datix; Note if recurrent pressure ulcer
Foot ulcer diabetic foot ulcer known to Podiatry Left; Right;			1.
Surgical wound; Sites; Sutures /removed Staples/removed Devices; Braces heel lift soft cast other;			2.
Burn			3.
Malignant lesion			
Abscess			
Cellulitis			
Moisture Lesion			4.
Laceration			
Other (state) TNP POP			



1 week dressing supply as per policy	Date	Print name
Pressure ulcer leaflet given		

DATIX ID or Web number if reported as pressure ulcer:

Wound care products currently used;

Equipment please circle	Type	Date
Bed	Own - profiling	
Mattress	Foam - alternating	
Bed rails - bumpers	Rails - bumpers	
Cushion	Foam - gel - alternating	