



Diabetic Foot Wound Management Chart

Hospital number:		Health centre:	
Name:		Male <input type="checkbox"/> Female <input type="checkbox"/> Other <input type="checkbox"/> _____	
DOB:	Number of current wounds:		

Wound number (wound management form) Date wound started:		Wound location				Wound type: Ischaemic <input type="checkbox"/>		Neuropathic <input type="checkbox"/> Neuro/ischaemic <input type="checkbox"/>	
Date (DD/MM/YYYY)									
Person providing treatment									
Wound size Length Width Depth (mm)									
Undermining, deep sinus (cm)									
No infection/ No ischaemia (A), Infection (B), Ischaemia (C), Infection + Ischaemia (D): Epithelised (0), Superficial (1), Tendon or capsule (2), Bone or joint (3)		UoT Grade: A B C D 0 1 2 3							
Wound base %	Pink (Epithelial)								
	Red (Granulation)								
	Yellow (Slough)								
	Black (Necrotic)								
	Red and bleeding (Hypergranulation)								
Smell	Nil								
	Mild								
	Strong								
Exudate Type	Clear (Clear with blood (Thick yellow, green, brown)								
	Thick yellow with blood								
Exudate Amount	None								
	Low								
	Moderate								
	High								
Surrounding Skin	Normal (N) Fragile (F) Red (R)								
	Hot (H) Macerated / Moist (M)								
	Callus (C) Swollen (S)								
Treatment Provided	Wound Cleaned								
	Debridement								
Dressing Type:	Primary Dressing								
	Secondary Dressing								
Referred for	Off-loading								
	X-Ray								
	Antibiotics								
	Swab								
Outcome	Discharged - wound healed								
	Admission to ward								
	Amputation								
	Refused admission/amputation								
		Review (Date)							