

**Documentation should provide enough information to:**

- monitor progress in wound healing
- evaluate the effectiveness of management
- guide management and prevention plans



**This is a guide only and does not replace clinical judgment**

**References:**

WUWHS. Principles of best practice: *Minimising pain at wound dressing-related procedures*. London: MEP Ltd 2004

Australian Wound Management Association. *Standards for wound management*. 2nd ed. Osborne Park, WA: Cambridge Media 2010

JBI Wound Healing and Management Node Group. *Chronic wound management*. (JBI) Best Practice: evidence-based information sheets for health professionals 2011

Australian Wound Management Association. *Position Document: Bacterial impact on wound healing: from contamination to infection*. AWMA 2011

Hopf H et al. Guidelines for the treatment of arterial insufficiency ulcers. *Wound Repair and Regeneration* 2006. 14(6):693-710

WUWHS. Principles of best practice: *Wound exudate and the role of dressings*. A consensus document. London: MEP Ltd 2007.



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# Wound Assessment

Information for health professionals



# Wound Assessment

## What is a wound?

A wound is an injury to the skin or underlying tissue that may or may not involve a loss of skin integrity. Physiological function of the tissue is impaired. Common types include leg ulcers, traumatic wounds, pressure injuries, surgical, and burns.

## Phases of wound healing

1. Haemostasis (bleeding stops): 10 minutes
2. Inflammation (redness, swelling): 3 days
3. Proliferation (new tissue growth): 28 days
4. Maturation (regaining normal function):
  - a year or more

## Factors promoting wound healing

- A moist healing environment
- Adequate blood supply and oxygenation
- Stable temperature
- Good nutrition and hydration
- Treatment of underlying medical conditions
- Avoiding pressure, shear, friction, maceration
- Avoiding smoking



## Wound Assessment

- Evaluate and document the following:
  - **Cause**, site, type and classification of wound
  - **Depth**: superficial, partial or full thickness
  - **Size**: trace and calculate area on first presentation, then once/month
  - **Wound edge**: sloping, punched out, raised, rolled, undermining, purple, calloused
  - **Wound bed**: necrotic, sloughy, infected, granulating, epithelialisation
  - **Exudate**: serous, haemoserous, purulent
  - **Surrounding skin**: oedema, cellulitis, colour, eczema, maceration, capillary refill time
  - **Any signs of infection**: heat, redness, swelling, pain, odour, delayed healing
  - **Pain**: associated with disease, trauma, infection, wound care practices, products
  - **Quality of life**



## Is the wound healing?

### ✓ Yes, signs of a healing wound:

- pink or ruddy red in colour
- small to moderate amounts of clear or serous exudate
- wound is decreasing in size
- surrounding skin is warm, pink and healthy

### ✗ No, signs of an unhealthy wound:

- malodour
- green, yellow slough or necrotic tissue
- large amounts of exudate
- increased size or no decrease in size
- surrounding skin is red, hot, swollen
- increased pain
- systemic symptoms of infection

**An acute wound that has not healed after 28 days needs investigation**