Discharge Communication Form A for Patients Requiring Wound Care (Tier 1/Tier 2 GP practice)

NHS
Doncaster and Bassetlaw Teaching Hospitals
NHS Foundation Trust

Forename (s):	Last Name:

NHS Number:	Gender:	Date of Birth:

Address (to include postcode):	Name of GP and GP Address:
Patient contact (Home):	GP Surgery Contact number:
Patient contact (Mobile):	Name of Consultant/Specialist:

Date of preferred visit:	NOK details:

Medical History:

Medications:	Allergies:

Wound management		Negative Pressure Wound Therapy	
Lower Limb assessment		Lymphoedema (non cancer related)	
(+/- Dopller/ABPI/TBPI)		Lymphoedema (cancer related)	
Equipment		Removal of Clips / Suture	
Larval Therapy			

Section A - Please complete for wounds healing by Primary (e.g. surgical wound)

Date and Time of wound closure	Location of incision
Date for removal of clips	Date for removal of drain(s)
Dressing used	Date of first dressing change
Type of wound closure	Skin closure used

Section B - Please complete for wounds healing by Secondary Closure (e.g. pressure ulcer, leg ulcer)

		Site 1	Site 2
	Location:		
	Wound Type:		
	Wound Duration:		
Tissue	Epithelialisation (%):		
	Granulation (%):		
	Slough (%):		
	Necrotic (%):		
	Other, please state: e.g. DTI/ Supporting Structures/Eschar		
Infection	Odour:	☑ Offensive ☐ Some ☐ None	☐ Offensive ☐ Some ☐ None
	Infection suspected:	☐ Yes ☐ No	☐ Yes ☐ No
	Wound swab sent:	☐ Yes ☐ No	☐ Yes ☐ No
	Antibiotics prescribed:	☐ Yes ☐ No	☐ Yes ☐ No
Moisture	Amount:	☐ None	☐ None
		☐ Minimal	☐ Minimal
		☐ Moderate	☐ Moderate
		☐ Heavy	☐ Heavy
	Type:	☐ Serous	☐ Serous
		☐ Haemoserous	☐ Haemoserous
		☐ Purulent	☐ Purulent
		☐ Haemopurulent	☐ Haemopurulent
Edge	Max. width (cm):		
	Max. length (cm):		
	Max. depth (cm):		
Surrounding Skin	Healthy:	☐ Yes ☐ No	☐ Yes ☐ No
	Hyperhydration:	☐ Yes ☐ No	☐ Yes ☐ No
	Maceration:	☐ Yes ☐ No	☐ Yes ☐ No
	Dry:	☐ Yes ☐ No	☐ Yes ☐ No
	Rolled Edges:	☐ Yes ☐ No	☐ Yes ☐ No
	Oedema present:	☐ Yes ☐ No	☐ Yes ☐ No
	Other, please state:	☐ Yes ☐ No	☐ Yes ☐ No

Dressings for discharge	Site 1	Site 2
Preventative care:		
Wound cleansing:		
Peri wound care:		
Primary dressing:		
Secondary dressing:		
Bandages in order of app:		
Name of completed RGN/NA	**Date and Time**	**Discharging Ward/Department**

Please ensure a 3 day supply of dressings and products are provided to the patient on discharge.