

Patient Wound Care Guidance Document

Patient Name: _____

Date of Birth: _____

Wound Type/Location: _____

Date Issued: _____

1. Wound Assessment

Description:

Describe the wound (appearance, size, exudate, odor, etc.)

Other Notes:

Additional assessment notes

2. Wound Care Instructions

1. Wash your hands thoroughly before and after wound care.
2. Remove any dressings gently and dispose of them appropriately.
3. Clean the wound as instructed (e.g., with saline, as directed by your provider).
4. Inspect the wound for any changes or signs of infection.
5. Apply new dressing as instructed.

3. Signs to Watch For

- Increasing redness, swelling, or warmth around the wound
- Pus or unusual discharge
- Foul odor
- Fever or chills
- Persistent or increasing pain

4. When to Seek Medical Help

- If you observe any signs of infection listed above
- If the wound is not improving or appears to be getting worse
- If you have questions or concerns about your wound care instructions

5. Follow-Up Instructions

Enter follow-up appointment details or recommendations

Provider/Clinician Signature: _____

Date: _____

