

# How to care for your wound during COVID-19 outbreak

WRITE OR ATTACH LABEL

Surname ..... CHI No:  
 Forenames ..... Sex: M / F  
 D o B .....  
 Location.....

## Patient Wound Care Record

**When you change your dressing please write down how it looks.  
 Is it the same, better or worse?  
 If there is no change, just write 'no change'.**

Date :	Description of the wound If no change just write 'no change'	Inform your Nursing Team if any of these occur	
		If signs of infection tick here	
		Heat, redness or swelling around the wound?	
		More wound fluid than before?	
		Wound smellier?	
		More yellow or green in the wound than before?	
		Wound is bigger or deeper?	
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		More wound fluid than before?	
		Wound smellier?	
		More yellow or green in the wound than before?	
		Wound is bigger or deeper?	
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		Wound smellier?	
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		Wound is bigger or deeper?	

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