

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

WRITE OR ATTACH LABEL

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

Patient Involvement in Wound Care

Set up check-list

Item/process to check	Confirmed (tick)	Date
1) Patient/relative/carer is able and willing to undertake some of their wound care		
2) How to safely perform wound care has been demonstrated		
3) Sufficient dressings packs, unsterile gloves and wound management products (cleaning, debridement and dressings) appropriate for their wound care plan have been provided		
4) Patient is aware of how to get extra stock and how long to allow for this?		
5) A "How to care for your wound guidance and care plan" has been completed and provided. This contains contact information for support and advice.		
6) Patient has been informed when a Nurse is scheduled to visit or phone to review/discuss their wound.		
Staff name:		
Staff Signature:		

Patient/Carer consent: I agree to support management of my wound, having been provided with information to allow me to do this safely.

Date:

Name (if carer/relative managing care):

Signature: