

# 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.....

## Wound Care Plan

<b>Location/type of wound</b>	
<b>How often to change your dressing</b>	
<b>Wound cleaning instructions</b>	
<b>Surrounding skin care</b>	
<b>Dressing information</b>	
<b>Staff name:</b>	
<b>Staff signature:</b>	

Please phone your Community Nursing Team if you require:

- Dressing packs and gloves
- Dressings for the wound - please take a note of the name and size of the dressings

They will order them for you but please allow a few days for processing.

You may be asked if someone can collect these for you.

If you have any queries please phone your DN team and they will respond as quickly as they can. Your patience is appreciated at this busy time.

**District Nursing team phone number:.....**