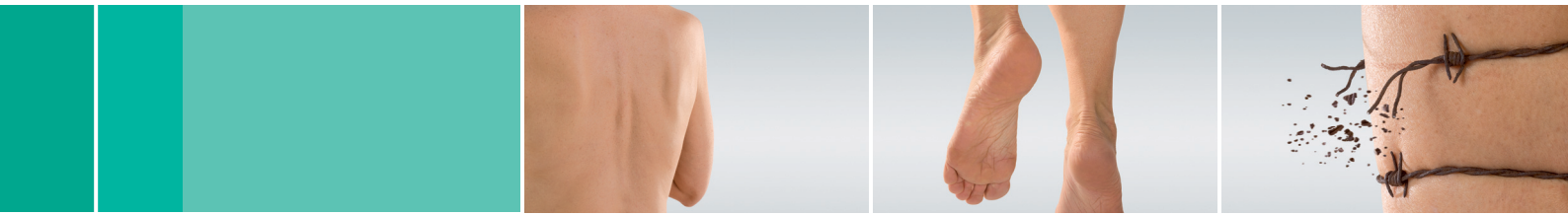


Dokumentationsbogen Wundverlauf



| Patient/Name | geb. | Station/Zi.Nr. | Wunde Nr. | Blatt Nr. | |
|-------------------------------|-------------------------|----------------|-----------|-----------|-------|
| Wundgröße | Datum (TT.MM.JJ) | _____ | _____ | _____ | _____ |
| | Länge in mm | _____ | _____ | _____ | _____ |
| | Breite in mm | _____ | _____ | _____ | _____ |
| Fistel/Taschen | Tiefe in mm | _____ | _____ | _____ | _____ |
| | Uhr | _____ | _____ | _____ | _____ |
| | Tiefe in mm | _____ | _____ | _____ | _____ |
| Exsudat | trocken | _____ | _____ | _____ | _____ |
| | feucht | _____ | _____ | _____ | _____ |
| | nass | _____ | _____ | _____ | _____ |
| Wundgeruch | unauffällig | _____ | _____ | _____ | _____ |
| | übel | _____ | _____ | _____ | _____ |
| Wunde | Epithelisation | _____ | _____ | _____ | _____ |
| | Granulation | _____ | _____ | _____ | _____ |
| | Fibrinbeläge | _____ | _____ | _____ | _____ |
| | Nekrose | _____ | _____ | _____ | _____ |
| Wundrand | glatt | _____ | _____ | _____ | _____ |
| | zerklüftet | _____ | _____ | _____ | _____ |
| | unterminiert | _____ | _____ | _____ | _____ |
| | gerötet | _____ | _____ | _____ | _____ |
| | mazeriert | _____ | _____ | _____ | _____ |
| | Keratosen | _____ | _____ | _____ | _____ |
| Wundumgebung | reizlos | _____ | _____ | _____ | _____ |
| | trocken | _____ | _____ | _____ | _____ |
| | sehr trocken | _____ | _____ | _____ | _____ |
| | gerötet | _____ | _____ | _____ | _____ |
| | ödematös | _____ | _____ | _____ | _____ |
| | nässend | _____ | _____ | _____ | _____ |
| Schmerz | 0 | _____ | _____ | _____ | _____ |
| | 1 bis 3 | _____ | _____ | _____ | _____ |
| | 4 bis 6 | _____ | _____ | _____ | _____ |
| | 7 bis 9 | _____ | _____ | _____ | _____ |
| | 10 | _____ | _____ | _____ | _____ |
| Débridement | Prontosan Wound Gel | _____ | _____ | _____ | _____ |
| | Askina Gel | _____ | _____ | _____ | _____ |
| | chirurgisch | _____ | _____ | _____ | _____ |
| | enzymatisch | _____ | _____ | _____ | _____ |
| Wundreinigung | Prontosan | _____ | _____ | _____ | _____ |
| | Prontosan Wound Gel | _____ | _____ | _____ | _____ |
| | Antiseptikum | _____ | _____ | _____ | _____ |
| Wundfüller | Askina Sorb | _____ | _____ | _____ | _____ |
| | Askina Foam Cavity | _____ | _____ | _____ | _____ |
| Wundauflage | Askina Pad | _____ | _____ | _____ | _____ |
| | Askina Foam | _____ | _____ | _____ | _____ |
| | Askina Heel | _____ | _____ | _____ | _____ |
| | Askina Transorbent | _____ | _____ | _____ | _____ |
| | Askina SilNet | _____ | _____ | _____ | _____ |
| Pflege/Schutz d. Wundumgebung | _____ | _____ | _____ | _____ | |
| Pflege/Schutz des Wundrandes | _____ | _____ | _____ | _____ | |
| Foto | _____ | _____ | _____ | _____ | |
| HZ (Handzeichen) | _____ | _____ | _____ | _____ | |