

Personalized Wound Care Plan

Date: _____

Patient Name: _____

Patient ID: _____

Address: _____

Phone Number: _____

Wound Assessment

Wound Location: _____

Wound Size: _____

Wound Type: _____

Exudate Level: _____

Goals of Care

- Promote healing
- Prevent infection
- Manage pain

Care Plan

1. Clean the wound with saline solution twice daily.
2. Apply antimicrobial ointment and cover with a sterile dressing.
3. Change the dressing every 48 hours or sooner if wet or soiled.
4. Monitor for signs of infection (redness, swelling, increased pain).
5. Schedule follow-up appointments every week for reassessment.

Patient Education

Provide instructions on wound care and when to seek further medical advice.

Healthcare Provider

Name: _____

Signature: _____