

## WOUND PROCESS CHECKLIST

<i>Action Taken</i>	<i>Time Frame</i>	<i>Nurse Checks When Task Completed</i>
1. Notified MD/Treatment as Ordered	Within 24hrs -	<input type="checkbox"/>
2. Notified Family and/or Designee	- Within 24hrs -	<input type="checkbox"/>
3. Start <b>Weekly Wound Documentation Progress</b> sheet	Within 24hrs -	<input type="checkbox"/>
4. Complete New <b>Braden Scale</b>	- Within 24hrs -	<input type="checkbox"/>
5. Complete New <b>Comprehensive Risk Data Collection</b> form	-Within 24hrs-	<input type="checkbox"/>
6. Refer to Dietary	- Within 24hrs -	<input type="checkbox"/>
7. Refer to Therapies	- Within 24hrs -	<input type="checkbox"/>
8. Refer Interdisciplinary Team Members as appropriate	- Within 24hrs -	<input type="checkbox"/>
9. Update <b>Care Plan for Skin Integrity</b>	- Within 24hrs -	<input type="checkbox"/>
10. Update Nursing Assistant care card	- Within 24hrs -	<input type="checkbox"/>
11. Communicate on "24 Hour Report"	- Immediately -	<input type="checkbox"/>

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AM Shift Nurse Signature Date

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PM Shift Nurse Signature Date

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NOC Shift Nurse Signature Date

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Signature of Supervisor/Designee once complete Date