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Description automatically generatedWound Care Log (WLOG)**

**Patient Name: Date of Birth:**

|  |  |
| --- | --- |
|  |  |

**Medical Record Number:** [MRN] **Date:**  **Time:**

|  |  |  |
| --- | --- | --- |
|  |  |  |

**Wound Description:**

|  |  |
| --- | --- |
| **Location:** [e.g., Sacrum, Heel, etc.] |  |
| **Stage:** [e.g., Stage II, Stage III, etc.] |  |
| **Size:** [Length x Width x Depth in cm] |  |
| **Appearance:** [e.g., Red, Granulating, Necrotic, etc.] |  |
| **Exudate:** [e.g., None, Serous, Purulent, etc.] |  |
| **Odor:** [e.g., None, Foul, etc.] |  |

**Wound Care Procedure:**

|  |  |
| --- | --- |
| **Cleaned with:** [e.g., Normal Saline, Antiseptic Solution, etc.] |  |
| **Debridement:** [e.g., Sharp, Autolytic, None, etc.] |  |
| **Dressing Applied:** [e.g., Hydrocolloid, Foam, Gauze, etc.] |  |
| **Additional Treatments:** [e.g., Antibiotic Ointment, Negative Pressure Wound Therapy, etc.] |  |

**Patient Response:**

|  |  |
| --- | --- |
| **Pain Level:** [e.g., 0-10 scale] | **Patient’s Comments:** |

**Caregiver Information:**

|  |  |
| --- | --- |
| **Nurse/Doctor Name:** | **Signature:** |

[**Bruynvisweg 5**](mailto:Bruynvisweg%205)[**1531 AX WormerThe Netherlands**](https://www.google.nl/maps/place/Maxxcare+BV/@52.4942054,4.7949978,17z/data=!3m1!4b1!4m5!3m4!1s0x47c5fc72080476fd:0xf479a9fe79a85bd8!8m2!3d52.4942022!4d4.7971865)**-Email:** [**info@maxxcare.com**](mailto:info@maxxcare.com) **-Telephone:**[**+31 (0)72 5322 204**](tel:31725322204)