**Wound Care Log (WLOG)**

**Patient Name: Date of Birth:**

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| --- | --- |
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**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**[**1531 AX WormerThe Netherlands**](https://www.google.nl/maps/place/Maxxcare%2BBV/%4052.4942054%2C4.7949978%2C17z/data%3D%213m1%214b1%214m5%213m4%211s0x47c5fc72080476fd%3A0xf479a9fe79a85bd8%218m2%213d52.4942022%214d4.7971865)**-Email:** **info@maxxcare.com** **-Telephone:****+31 (0)72 5322 204**