

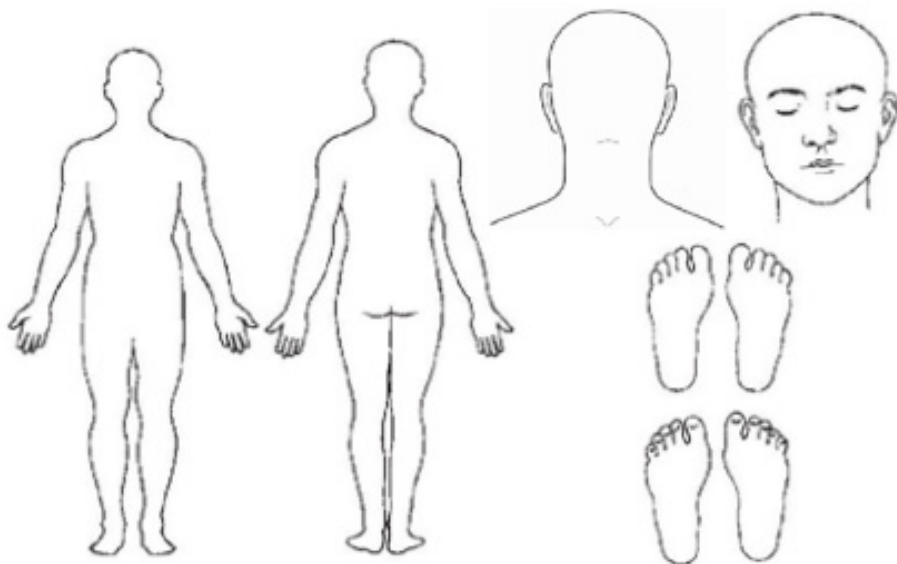
Wound care passport

To be kept by the patient

The aim of this passport is to improve wound care communication between care settings

Patient Information	Name:								
	DOB:	D	D	M	M	Y	Y	Y	Y
	NHS number:								
Ward Information	Name:								
	Contact Number:								
NOK Information	Name:								
	Contact Number:								
Date of passport issue	D	D	M	M	Y	Y	Y	Y	
Known allergies/sensitivities	To drugs and wound care products:								

Number all wounds and match to description below



Type of wound/s

If pressure ulcer what category according to EPUAP.
If more than one, match description to anatomical position

Wound Care Management Plan

Tissue Viability input Y/N

Include date provided

Wound care products currently used

Pressure Redistribution device

Communication

To include any specific information – i.e. History of wound, Date started, Datix, Investigations/Treatments, Safeguarding alerts

