

Monthly Wound Progress Form



Please complete a Monthly Wound Progress Form for EACH WOUND being treated with the Venturi Healing System. A licensed clinician must perform all wound measurement assessments. It is recommended that the same licensed clinical professional measure/assess the wound each month.

SECTION A. Patient Information

Patient Name: (last) _____ (first) _____ (mi) _____

SS#: _____ Date of Birth _____ / _____ / _____

SECTION B. Prior Month History

1. Is patient currently using the Venturi Healing System? No Yes

If Yes, all information in this section must be completed.

If No, stop here and complete the Discharge Form.

2. Was NPWT suspended at any time during the last 30 days? No Yes

If Yes, date suspended: _____ / _____ / _____ Date restarted: _____ / _____ / _____

3. Was the patient admitted to a hospital or SNF within the last 30 days? No Yes

If Yes, date admitted: _____ / _____ / _____ Date discharged: _____ / _____ / _____

Name of facility: _____ Facility phone #: _____

Was the patient using the Venturi Healing System during this inpatient stay? No Yes

4. Number of wounds being treated with NPWT _____ .

5. Wound measurements Date Span: _____ / _____ / _____ to _____ / _____ / _____

a. Location: _____ Measurement Date: _____ / _____ / _____

Length: _____ cm Width _____ cm Depth: _____ cm

Sinus/Tunnel #1: _____ cm @ _____ o'clock

Sinus/Tunnel #2: _____ cm @ _____ o'clock

Undermining: _____ cm @ _____ to _____ o'clock

b. Wound Evaluation Improved No Change Undetermined

Granulation Tissue increased no change

Wound margins decreased no change

Exudate amount decreased no change undetermined

Exudate color changed no change

clear pink bloody other _____

Wound odor decreased no change

6. Has the wound been debrided in the last 30 days? No Yes ⇨ If yes: Surgical Chemical Mechanical

Date of Debridement: _____ / _____ / _____ (Ensure measurements in 5a. are after most recent debridement.)

7. Should NPWT continue? No Yes

Licensed medical professional's printed name, title and employer.

Phone #

Signature

Date