

Chronic Wound Documentation Gap Map

Use this one-page map to find where wound-related notes become fragmented across shifts, files, and teams.

Field	Use / Options
Care setting	Long-term care / Nursing center / Wound-care service / Home-community care / Other
Record period	This dressing change / This shift / This week / Before review
Anonymous case ID	No name, no medical record number
Completed by	Nurse / Care assistant / Wound-care lead / Coordinator / Reviewer

Where is the information now?	[]	Main gap type	[]	One continuity action	[]
Dressing note	[]	Missing timeline	[]	Assign one owner	[]
Wound photo	[]	Missing wound context	[]	Add date/context to photos	[]
Periwound observation	[]	Missing owner	[]	Link dressing reason to note	[]
Shift handover	[]	Photo without date/angle/context	[]	Put periwound observation in same record	[]
Family/community message	[]	Duplicated notes across files	[]	Prepare one review question	[]
Professional review note	[]	No clear review question	[]		
Supply or dressing-use note	[]				

Final handover output	Use in 3 minutes	Do not record
One handover sentence for this case 	1. Choose the care setting. 2. Tick the main context. 3. Tick one gap or change. 4. Choose one next action.	No patient name. No medical record number. No diagnosis. No outcome claim.

Boundary: this worksheet supports workflow documentation and handover preparation. It does not diagnose, prescribe treatment, compare clinical outcomes, or replace professional assessment.
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