

MALIGNANT WOUND ASSESSMENT TOOL – CLINICAL (MWAT-C)

Instructions for completion: The *purpose of this tool* is to guide the discussion between patient and clinician regarding the patient’s concerns about living with a malignant wound. This tool is not a comprehensive symptom assessment; rather, it is intended to help the clinician ascertain patient needs. The tool should be used in conjunction with other performance assessments (e.g. Palliative Performance Scale) to develop an appropriate wound management plan. **Part A – Demographic information:** this section should be completed by the clinician. Information may be obtained from the chart or the patient. **Part B – Symptom Assessment:** Patient Report information is obtained by interviewing the patient. Record the patient’s response, not your interpretation of the response. The Clinical Assessment column is for completion by the clinician. Boxes with no instruction may still be used to record any relevant observations. **Part C – Wound assessment:** unless otherwise specified, this section is to be completed by the clinician.

A. Demographic information

- A1. Today’s date: _____
- A2. Cancer diagnosis: _____
- A3. Date of cancer diagnosis: _____
- A4. When was the wound first noted? _____
- A5. Has this wound been treated with chemotherapy, radiation, surgery? List with dates. _____

- A6. Recent Wound Management (within the past month): _____

- A7. Attach a copy of the list of patient medications, allergies and sensitivities.

Insert your site’s patient addressograph here:

B. Symptom Assessment

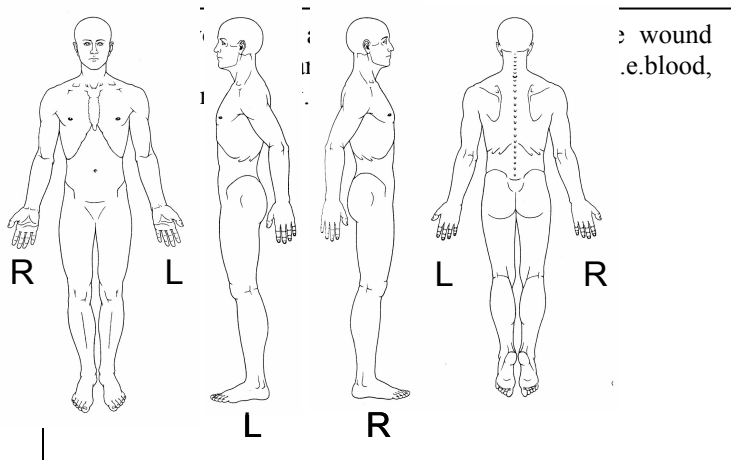
Symptom	Patient Report	Clinical Assessment
B1. PAIN	On a scale from 0 to 10, with 0 being ‘no pain’ and 10 being ‘pain as bad as you can imagine’, how would you rate your pain: a) in the wound, at its worst, in the past 24 hours? _____ b) around the wound, at its worst, in the past 24 hours? _____ c) during dressing changes, at its worst? _____ d) between dressing changes, at its worst? _____ e) other: _____ Does anything help to relieve the pain? Does anything make the pain worse?	
B2. ODOUR	Do you notice any odour from the wound? (Describe.)	<input type="checkbox"/> Strong odour evident upon entering room (6-10 feet away from patient); dressing is intact <input type="checkbox"/> Moderate odour evident upon entering room (6-10 feet) and dressing is removed. <input type="checkbox"/> Slight odour evident at close proximity when dressing is removed. <input type="checkbox"/> No odour evident even when at patient’s bedside with dressing removed. Clinician’s description:

1 Odour scale adapted from Baker PG & Haig G. The Practitioner 1981; 225:569-573.

B3. EXUDATE	<p>Do you have any drainage from the wound?</p> <p>Do dressings prevent leakage?</p> <p>Number of dressing changes per day: _____</p> <p>Comment:</p>	<p>Amount:</p> <p><input type="checkbox"/> dry <input type="checkbox"/> minimal <input type="checkbox"/> moderate <input type="checkbox"/> heavy</p> <p>Characteristics (check all that apply):</p> <p><input type="checkbox"/> serous <input type="checkbox"/> serosanguinous</p> <p><input type="checkbox"/> purulent <input type="checkbox"/> not applicable (no exudate)</p> <p><input type="checkbox"/> other (specify): _____</p>
B4. BLEEDING	<p>Do you have any bleeding from the wound?</p> <p><input type="checkbox"/> none <input type="checkbox"/> occasional <input type="checkbox"/> constant</p> <p>When does the wound bleed? (check all that apply)</p> <p><input type="checkbox"/> dressing change <input type="checkbox"/> spontaneous <input type="checkbox"/> other</p> <p>Comment:</p>	<p>Amount:</p> <p><input type="checkbox"/> minimal <input type="checkbox"/> moderate <input type="checkbox"/> heavy</p> <p>Comment:</p>
B5. EDEMA	<p>Do you have any swelling in the area of the wound? (Comment)</p> <p>Do you have swelling anywhere else? (Comment.)</p>	<p>Location (check all that apply):</p> <p><input type="checkbox"/> in wound <input type="checkbox"/> around wound</p> <p><input type="checkbox"/> head <input type="checkbox"/> neck</p> <p><input type="checkbox"/> arm (specify L, R, or both): _____</p> <p><input type="checkbox"/> leg (specify L, R, or both): _____</p> <p><input type="checkbox"/> other (specify): _____</p> <p>Is there lymphedema? (Comment.)</p>
B6. OTHER SYMPTOMS	<p>Do you have any other symptoms?</p>	
B7. FUNCTION	<p>Does the wound affect your physical movement in your daily living? (Comment.)</p>	<p>Does the patient have difficulty moving as a result of the wound?</p>
B8. SOCIAL	<p>Does the wound affect your participation in social activities? (Comment.)</p>	
B9. SUPPORT	<p>Describe your support from healthcare, family and friends.</p>	
B10. EMOTIONAL	<p>How does the wound make you feel? (Comment.)</p>	
B11. PATIENT'S OVERALL CONCERN	<p>What bothers you the most about living with the wound?</p>	

C. Wound Assessment

C1. Wound location: (please shade in the entire area where the wound is located)



C3. Wound bed: % red ____ % pink ____ % yellow ____ % grey ____ % black ____ % other (specify) _____

C4. Measurement: Surface area*: L ____ x W ____ = ____ cm² Depth (deepest aspect) ____ cm Height (highest aspect) ____ cm
 *Calculated as length (L) x width (W), where L is the longest measure of the wound and W is the widest measure perpendicular to L.

C5. Change in wound size:

larger since last recorded smaller since last recorded no change since last recorded this is the first recorded measurement

C6. According to the patient, over the past month, has the wound become: larger smaller no change

C7. Periwound condition (check all that apply):

intact red dry wet blistered ulcerated other (specify): _____

C8. Wound Classification:

Please classify the wound. (check all that apply) Describe the wound:	<input type="checkbox"/> Fungating (ulcerating and proliferative growth)
	<input type="checkbox"/> Ulcerating: wound creating an ulcer bed
	<input type="checkbox"/> Fistula
	<input type="checkbox"/> Zosteriform lesions (small, isolated tumors, clustering of small clear vesicles)
	<input type="checkbox"/> Subcutaneous spread (flat, spreading wound, may not have open areas); if yes, what type of subcutaneous spread is present? ____ Carcinoma erysipeloides (erythema, appearance of cellulitis) ____ Carcinoma en cuirasse (dry, flat indurated skin) ____ Elephantiasis skin changes (thick, raised indurated skin) ____ Sclerous skin changes (scleroderma tightness in appearance)
<input type="checkbox"/> Other: _____	

Summary of Assessment: _____

Issues (problem list): _____

Management Plan: _____
