### Medical Diagnosis: Acute or Chronic Wound

**Nursing Diagnosis: Skin Integrity Impaired or Tissue Integrity Impaired**

#### Goals of Patient Care
Reduce risk factors for ulcer development and delayed healing. Prevent wound complications and promote wound healing.

#### Wound Assessments Observed

<table>
<thead>
<tr>
<th>Wound bed/exudate</th>
<th>Moist-likely exuding</th>
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<tbody>
<tr>
<td>Wound bed/tissue</td>
<td>≤ 25% necrotic tissue/fibrin slough</td>
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Assess for Clinical Signs and Symptoms of Infection (Purulent exudate and/or elevated temperature and/or peripheral induration or edema)

#### Depth

- **Superficial or partial thickness**
- **Full-thickness**

#### Surrounding skin

- **Healthy/reddened**
  - **Healthy/reddened**

#### Wound edges

- **Healthy**
  - **Healthy**
  - **Undermined**

#### Goals of Wound Care

- **Maintain moist environment**
- **Maintain moist environment/prevent premature wound closure**

#### Wound Care Plan

**Cleanse Wound**

- **Cleanse Wound**

**Primary Dressing**

- **Moisture Retentive Dressing**
  - **Exudate Management**

**Secondary Dressing**

- **N/A**
  - **Moisture Retentive Dressing**

#### Patient Care Plan

Reduce risk factors for developing chronic ulcers and delayed healing, e.g.:

**RISK FACTORS**

- **Arterial ulcers**: Smoking, hypertension, hyperlipidemia and inactivity. Review surgical/medical management options to improve arterial circulation.
- **Diabetic ulcers**: Smoking, hypertension, obesity, hyperlipidemia and high blood glucose. Review surgical/medical management options and use appropriate off-loading techniques.
- **Pressure ulcers**: Pressure, shear, friction, nutritional deficiencies, dehydration and dry skin conditions, skin exposure to moisture or wound contamination secondary to incontinence, perspiration or other fluids, e.g., skin protection.
- **Venous ulcers**: Edema with leg elevation, ambulation and compression. If patient is not ambulatory, assure frequent ankle flexes. Review surgical/medical management options to improve arterial circulation and compression bandages if appropriate.
- **Mixed arterial-venous ulcers**: Smoking, hypertension, inactivity, hyperlipidemia. Review surgical/medical management options to improve arterial circulation and compression bandages if appropriate.
- **All patients**: Provide patient and/or caregiver teaching and support. Confirm and treat infection if needed. Assess and manage wound pain and odor if present.

#### Expected Outcomes

- **Wound is not infected and is healing as evidenced by a reduction in size after 2 to 4 weeks of care. No evidence of new skin breakdown.**

#### Delayed Healing

- **Re-evaluate plan of care or address underlying etiology if ulcer has not reduced in size during 2 to 4 weeks of care**