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

Wound bed/exudate: Moist-moderately exuding

Wound bed/tissue: > 25% necrotic tissue/fibrin slough

Assess for Clinical Signs and Symptoms of Infection (Purulent exudate and/or elevated temperature and/or peripheral induration or edema)

	Path 1	Path 2	Path 3	Path 4
Depth	Superficial or partial thickness	Superficial or partial thickness	Full-thickness	Full-thickness
Surrounding skin	Healthy/ reddened	White/gray/ macerated	Healthy/ reddened	White/gray/ macerated
Wound edges	Healthy	Healthy	Healthy	Undermined
Goals of Wound Care	Maintain moist environment	Absorb excess exudate/ maintain moist environment	Maintain moist environment (and Prevent premature wound closure)	Absorb excess exudate/ maintain moist environment; Prevent premature wound closure
Wound Care Plan *Cleanse/Debride*	Cleanse and Debride* Wound	Cleanse and Debride* Wound	Cleanse and Debride* Wound	Cleanse and Debride* Wound
Primary Dressing	Moisture Retentive Dressing	Exudate Management	Moisture Retentive Dressing	Exudate Management
Secondary Dressing	N/A	Moisture Retentive Dressing	N/A	Moisture Retentive Dressing

Obtain clean wound bed

*Wound Debridement Options:
- **Autolytic**
- **Enzymatic** - Apply enzymatic debridement agent according to package insert instructions, avoiding exposure to intact skin.
- **Surgical** - Qualified provider removes devitalized tissue with scalpel or other sharp instrument. Obtain hemostasis before dressing wound.

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

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