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>Dry-minimal moisture</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wound bed/tissue</td>
<td>≤ 25% necrotic tissue/fibrin slough</td>
</tr>
</tbody>
</table>

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

Wound Care Plan
Cleanse Wound

Primary Dressing
- Moisture Retentive Dressing
- Wound Hydration

Secondary Dressing
- N/A
- Moisture Retentive Dressing

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

RISK FACTORS
- 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.