

## 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

Dry-minimal moisture

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)

Depth

Superficial or partial thickness

Full-thickness

Surrounding skin

Healthy/reddened

Healthy/reddened

Wound edges

Healthy

Healthy

Undermined

**Goals of Wound Care**

Obtain clean wound bed

Provide moist environment

Provide moist environment/  
prevent premature wound closure

**Wound Care Plan**

Cleanse/Debride

**Cleanse and Debride\* Wound**

\*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.

Primary Dressing

**Wound Hydration**

Secondary Dressing

**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