### 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)

#### Goals of Wound Care

<table>
<thead>
<tr>
<th>Objective</th>
<th>Description</th>
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<tbody>
<tr>
<td>Obtain clean wound bed</td>
<td>Includes removing necrotic tissue, slough, debris, and exudate to promote wound healing.</td>
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<tr>
<td>Provide moist environment</td>
<td>Maintains a moist wound environment to promote healing.</td>
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<tr>
<td>Provide moist environment/prevent premature wound closure</td>
<td>Ensures a moist wound environment to prevent premature wound closure.</td>
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#### Wound Care Plan

**Cleanse/Debride**

*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.

**Wound Hydration**

**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.

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