

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

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

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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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

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3. Moist, $\leq 25\%$ Necrotic Tissue

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Wound Assessments Observed

Wound bed/exudate

Moist-lightly exuding

Wound bed/tissue

$\leq 25\%$ 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

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Maintain moist environment

Maintain moist environment/
prevent premature wound closure

Wound Care Plan

Cleanse

Cleanse Wound

Primary Dressing

Moisture Retentive Dressing

Exudate Management

Secondary Dressing

N/A

Moisture Retentive Dressing

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Wound edges

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Primary Dressing

Moisture Retentive Dressing

Wound Hydration

Secondary Dressing

N/A

Moisture Retentive Dressing

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Wound bed/tissue

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Full-thickness

Surrounding skin

Healthy/
reddened

White/gray/
macerated

Healthy/
reddened

White/gray/
macerated

Wound edges

Healthy

Healthy

Undermined

Goals of Wound Care

Obtain clean wound bed

Maintain moist
environment

Absorb excess
exudate/
maintain moist
environment

Maintain moist
environment

Absorb excess
exudate/
maintain moist
environment

Prevent
premature
wound closure

Wound Care Plan

Cleanse

Cleanse Wound

Primary Dressing

Moisture
Retentive
Dressing

Exudate
Management

Moisture
Retentive
Dressing

Exudate
Management

Secondary Dressing

N/A

Moisture
Retentive
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N/A

Moisture
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reddenedWhite/gray/
maceratedHealthy/
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Wound edges

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Undermined

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Cleanse/Debride

Cleanse and Debride* Wound

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Primary Dressing

Moisture
Retentive
DressingExudate
ManagementMoisture
Retentive
DressingExudate
Management

Secondary Dressing

N/A

Moisture
Retentive
Dressing

N/A

Moisture
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Wound Care Plan

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Cleanse Wound

Primary Dressing

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Wound edges

Healthy

Healthy

Undermined

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Absorb excess exudate/
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Absorb excess exudate/
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Wound Care Plan

Cleanse/Debride

Cleanse and Debride* Wound

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