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)

Depth
- Superficial or partial thickness
- Full-thickness

Surrounding skin
- Healthy/reddened
- White/gray/macerated

Wound edges
- Healthy
- Undermined

Goals of Wound Care
- Maintain moist environment
- Absorb excess exudate/maintain moist environment
- Absorb excess exudate/maintain moist environment
- Prevent premature wound closure

Obtain clean wound bed

Wound Care Plan

Cleanse Wound

Cleanse
- Moisture Retentive Dressing
- Exudate Management
- Moisture Retentive Dressing
- Exudate Management

Primary Dressing
- N/A
- Moisture Retentive Dressing
- N/A
- Moisture Retentive Dressing

Secondary Dressing

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

- 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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