Wound Care

promoting healthy skin

Champions for Skin Integrity

This guidelines summary has been developed for health professionals caring for clients with wounds. Assessment and management of wounds should be undertaken by health professionals with expertise in the area.

GUIDELINES SUMMARY

For this summary, all recommendations have had their levels of evidence classified as follows:

Level I	Evidence from a systematic review or meta-analysis of at least two level II studies
Level II	Evidence from a well designed randomised controlled trial (for interventions), or a prospective cohort study (for prognostic studies)
Level III	Evidence from non-randomised studies with some control or comparison group (pseudo-randomised controlled trial; non-randomised experimental trial, cohort study, case-control study, time series studies with a control group; historical control study, retrospective cohort study)
Level IV	Evidence from studies with no control or comparison group
EO	Consensus statements provided by a National or International Panel of experts in the area.

This is a summary of recommendations from the following sources, which should be accessed for further details as required:

1. World Union of Wound Healing Societies. Principles of best practice: Minimising pain at wound dressing-related procedures. A consensus document. London: MEP Ltd 2004. http://www.woundsinternational.com/pdf/content_39.pdf
2. Wounds Australia. Standards for Wound Prevention and Management. 3rd ed. Cambridge Media: Osborne Park, WA; 2016.
3. The Wound Healing and Management Node Group. Chronic wound management. (JBI) Best Practice: evidence-based information sheets for health professionals 2016.
4. International Wound Infection Institute (IWII) Wound infection in clinical practice. Wounds International 2016. http://www.woundinfection-institute.com/wp-content/uploads/2017/03/IWII-Wound-infection-in-clinical-practice.pdf
5. Federman, D. G., et al. (2016). Wound Healing Society 2014 update on guidelines for arterial ulcers. Wound Repair Regen, 24:127-35. doi:10.1111/wrr.12395
6. Gould L, et al. Wound Healing Society 2015 update on guidelines for pressure ulcers. Wound Repair Regen 2016; 24: 145-62.
7. Fernandez R and Griffiths R. Water for wound cleansing. Cochrane Database of Systematic Reviews 2012(2): CD003861. http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD003861.pub3/pdf
8. European Pressure Ulcer Advisory Panel, National Pressure Injury Advisory Panel, Pan Pacific Pressure Injury Alliance. Prevention and Treatment of Pressure Ulcers: Haesler E (Ed.). EPUAP, NPIAP, PPPIA 2019.
9. Wounds UK: The use of topical antiseptic/antimicrobial agents in wound management. 2nd ed. Wounds UK 2011. www.wounds-uk.com/best-practice-statements
10. World Union of Wound Healing Societies (WUWHS). Consensus Document. Wound exudate: effective assessment and management, Wounds International, 2019. www.woundsinternational.com

This project was funded by the Australian Government Department of Health and Ageing under the Encouraging Better Practice in Aged Care (EBPAC) program

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Assessment

1. Assessment and wound management should be carried out by staff with training, skills and experience in wound care [1] (EO)
2. Assess and document: physical examination, medical history, social history, psychological well-being, nutritional status, pain (include a pain scale), history of previous wounds, current and previous wound treatments [2] (EO)
3. Assess, classify and document wound type, aetiology, duration, size, shape, depth, tissue type, phase of healing, exudate, wound margin, surrounding skin and tissue condition [2] (EO)
4. Assess and document signs of infection: cellulitis, erythema, malodour, increased pain, delayed healing, deterioration of the wound, purulent exudate [4] (EO)
5. Reassess and document progress in healing regularly [2-4], including evaluation of the response of the client and wound to any treatment for wound infection [2] (EO)
6. Ongoing assessment of pain should be performed before, during, and after each procedure; [1,9] (EO)
   using a standardized assessment tool [1,2] (IV)
7. Referral for specialist treatment may be necessary if there is:
   - failure to progress to heal
   - management needs outside available skills, knowledge or scope of practice
   - unexpected change in level or type of exudate
   - unexpected change in level or type of pain
   - uncertainty in diagnosis
   - signs of infection
   - ulcer appears ischemic [1-3] (EO)

Management

8. Managing chronic wounds with a multidisciplinary team promotes wound healing and reduces severity of wound-associated pain and frequency of wound treatments [2] (III)
9. Strategies for minimising infection risk should be embedded in a wound management plan [2,9] (EO)
10. Acute and chronic wounds may be cleansed using potable tap water if normal saline is unavailable [7,8] (I)
11. The ulcer should be gently cleansed with a neutral, non-irritating, non-toxic solution [2] (EO)
12. Cleanse with sufficent pressure to cleanse wound without damaging tissue or driving bacteria into the wound (e.g. 4-15 psi) [8] (EO)
13. Removal of necrotic and devitalised tissue should be undertaken through mechanical, sharp, autolytic or biological debridement [2,8] (IV)
    * If dry gangrene or eschar is present, however, debridement should not be undertaken until arterial flow has been established [8]
    * Debridement should only be undertaken by a health professional with expertise in the area (IV)
14. A moist wound environment should be maintained for optimal healing [6,10]
    Extreme wetness or dryness may delay healing [10] (EO)
15. Dressings should:
    - maintain a moist wound-healing environment [2,8] (IV)
    - address bacterial bioburden [8]
    - manage wound exudate and protect peri-ulcer skin [8] (II)
    - remain in place and minimise shear, friction, skin irritation and pressure [6] (III)

Management (continued)

- be non-adherent to reduce trauma on removal [2,3] (EO)
- however, dry eschar is best left dry until arterial flow is established [5] (EO)
- be cost effective and acceptable to the client [1,8] (EO)

16. A topical antiseptic agent should be used in clients with signs of local wound infection;
    - refer for investigation and use topical antiseptics and targeted systemic antibiotics as appropriate for spreading or systemic infection;
    - use antiseptics at the lowest effective concentration to minimize harm to tissue cells;
    - length of treatment should be determined by the response of the wound and the individual, consider a two week trial and reassess;
    - topical antibiotics are not recommended for general management of wound infection;
    - systemic antibiotics are only recommended in cases of spreading or systemic infection [2,4] (EO)
17. Effective pain management strategies should be implemented to minimise pain during wound dressing procedures [2] (EO)
18. Maintain optimal levels of nutrition [2] (EO)
19. Provide client education on all aspects of wound management [2,5,10] (EO)
20. Address client concerns and promote psychosocial support [2,10] (EO)