Wound Care

promoting healthy skin

Champions for Skin Integrity

This guidelines summary has been developed for health professionals caring for people with wounds. Assessment and management of wounds should be guided by a health professional with wound care knowledge.

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
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 guidelines from the following sources, which may be accessed as required:

1. Haesler E, Carville K. 2023. Australian Standards for Wound Prevention and Management. Australian Health Research Alliance, Wounds Australia, WA Health Translation Network. https://woundsaustralia.org/ocd.aspx
2. Orsted HL, Keast D, Forest-Lalande L et al. 2017. Best practice recommendations for the prevention and management of wounds. Wound Care Canada. www.woundscanada.ca/docman/public/health-care-professional/bpr-workshop/165-wc-bpr-prevention-and-management-of-wounds/file
3. International Wound Infection Institute. 2022. Wound Infection in Clinical Practice: Wounds International. https://woundinfection-institute.com/
4. Fernandez R, et al. Water for wound cleansing. Cochrane Database Systematic Reviews. 2022; CD003861-CD.
5. EPUAP, NPIAP, PPPIA. Prevention and Treatment of Pressure Ulcers/Injuries: Clinical Practice Guideline; 2019, https://internationalguideline.com/
6. World Union of Wound Healing Societies (WUWHS). 2019. Wound Exudate: effective assessment and management. www.woundsinternational.com
7. Chen L, et al. Telemedicine in chronic wound management: Systematic review and meta-analysis. JMIR mHealth and uHealth. 2020;8(6):e15574-e.
8. Serena TE, et al. Guidelines for the use of topical oxygen therapy in the treatment of hard-to-heal wounds based on a Delphi consensus. Journal of Wound Care. 2022;31(Sup3):S20-S4.
9. Xia Y, et al. Efficacy of Platelet-Rich Plasma Dressing for Chronic Nonhealing Ulcers: A Meta-Analysis of 15 Randomized Controlled Trials. Plastic and Reconstructive Surgery. 2019;144(6):1463-74.

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Assessment

1. Wound assessment and management should be carried out by health professionals 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.[1,2] (EO)

3. Assess, classify and document wound type, aetiology, duration, location, area, shape, depth, wound bed tissue, exudate, wound margin, surrounding skin and tissue condition.[1,2] (EO)

4. Assess and document signs of infection: e.g., cellulitis, erythema, malodour, increased pain, delayed healing, deterioration of the wound, purulent exudate.[2,3] (EO)

5. Reassess and document progress in healing regularly,[1,3] including evaluation of response of the person and wound to any treatment for wound infection.[1,3] (EO)

6. Ongoing assessment of pain should be performed before, during, and after procedures such as dressing changes or debridement[1] (EO); using a standardised assessment tool.[1] (IV)

7. Referral for wound 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 pain level or type
   - uncertainty in diagnosis
   - signs of infection
   - evidence of ischemia in wound [1] (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.[1] (III)

9. Strategies for minimising infection risk should be embedded in a wound management plan.[1] (EO)

10. Acute and chronic wounds may be cleansed using potable tap water if normal saline is unavailable.[4,5] (I)

11. The ulcer should be gently cleansed with an agent that is non-traumatising to the wound bed.[1,2] (EO)

12. Apply cleansing solution with sufficient pressure to cleanse the wound without damaging tissue or driving bacteria into the wound.[5] (IV)

13. Removal of necrotic and devitalised tissue should be undertaken through mechanical, sharp, autolytic or biological debridement.[1,5] (EO)

    Sharp debridement should only be undertaken by health professionals with expertise in the area

    ** If dry gangrene or eschar is present, however, debridement should not be undertaken until arterial flow has been re-established.[5] (EO)

14. A moist wound environment should be maintained for optimal healing.[2,6] (EO)

    A balance is needed, extreme wetness or dryness may delay healing.[6] (EO)

15. Dressings should:
- maintain a moist environment[1,5] (IV)
- address bacterial bioburden[5] (IV)
- manage wound exudate and protect peri-ulcer skin[5] (II)
- remain in place and minimise shear, friction, skin irritation and pressure[5] (IV)
- be non-adherent to reduce trauma on removal[1] (EO)
- dry stable eschar is best left dry until arterial flow is established [1,5] (EO)

16. Dressings should be cost effective and acceptable to the person.[2] (EO)

17. To address infection:
- use a topical antiseptic agent in people 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 minimise 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 [1,3] (EO)

18. Implement effective pain management strategies to minimise pain during wound dressing procedures.[1] (EO)

19. Maintain optimal levels of nutrition.[1] (EO)

20. Provide people with education on all aspects of wound management.[1,6] (EO)

21. Address people's concerns and promote psychosocial support.[1,6] (EO)

22. Telemedicine has shown similar results to face to face care.[7] (I)

23. Topical oxygen therapy could be considered if there is:
- delayed wound healing
- failure of prior therapies
- ischaemic ulcers [8] (EO)

24. Platelet-Rich Plasma could be considered as an adjuvant therapy for chronic non-healing ulcers.[9] (II)