

# This is a guide only and does not replace clinical judgment

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## **Wound Care**

Information for health professionals





#### **Assessment**

- Wound assessment should be undertaken by trained, experienced health practitioners
- Assessment and document:
  - physical examination
  - medical and psychological history
  - nutritional status
  - pain (include a validated pain scale)
  - history of previous wounds
  - current wound duration, site, treatments
  - Wounds characteristics: aetiology, duration, size, shape, depth, tissue type, exudate, margin, surrounding skin, signs of infection
- Reassess and document progress in healing regularly
- Assess pain before, during and after wound care using a standardised assessment tool



### A moist wound environment enables migration of tissue repairing cells. Extreme wetness or dryness may delay healing.

- Refer to a wound specialist if there is:
  - uncertainty in diagnosis
  - management needs outside available skills
  - deterioration or failure to progress to heal
  - unexpected change in level or type of pain or exudate
  - signs of infection or ischaemia

### Management

- Multidisciplinary management promotes healing and improves outcomes
- Telemedicine may be useful and achieve similar outcomes to face-to-face care
- Cleanse wounds with a neutral, non-toxic solution (e.g. potable tap water or normal saline), with minimal trauma
- Remove necrotic and devitalised tissue through mechanical, sharp, autolytic or biological debridement
- If dry gangrene or eschar is present, do not debride until arterial flow is re-established
  - \*Debridement should only be undertaken by health professionals with expertise in the area



- Use a topical antiseptic agent in persons with signs of local infection; the length of treatment determined by the response – consider a two-week trial. Topical antibiotics are not recommended. If spreading infection or sepsis occurs, refer for investigations and add targeted systemic antibiotics.
- A moist wound environment should be maintained for optimal healing.
- Dressings should:
  - maintain a moist wound environment
  - address bacterial bioburden
  - manage wound exudate and protect the peri-ulcer skin
  - minimise friction, shear, skin irritation and pressure
  - be non-adherent to reduce trauma
  - be cost effective and able to be changed once/day or less often where possible
- Implement effective pain management during wound dressings
- Encourage optimal levels of nutrition
- Provide education on wound care
- Address people's concerns and provide psychosocial support