# Flow Diagram For Wound Care

## Wounds Requiring Debridement

<table>
<thead>
<tr>
<th></th>
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<th>Provide Basic General Wound Care</th>
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<tbody>
<tr>
<td>I.</td>
<td>1.</td>
<td>Assess and treat patient for systemic illness (History, Focused Exam, Vital Signs)</td>
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<tr>
<td>II.</td>
<td>2.</td>
<td>Assess for diabetes and maintain HbAIC &lt;7</td>
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<td>III.</td>
<td>3.</td>
<td>Evaluate nutritional status and correct deficiencies (Albumen, Pre-Albumen)</td>
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<td>IV.</td>
<td>4.</td>
<td>Identify and treat infection (Bx or aspiration, X-ray, Sed rate, CRP)</td>
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<td>V.</td>
<td>5.</td>
<td>Upgrade Tetanus (and if indicated rabies) prophylaxis</td>
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<td>VI.</td>
<td>6.</td>
<td>Assess and correct local hypoxia/ischemia (TCPO2, NIVS, A-gram)</td>
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<td>VII.</td>
<td>7.</td>
<td>Provide appropriate edema reduction</td>
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<td>VIII.</td>
<td>8.</td>
<td>Provide method for off-loading any weight bearing wound site</td>
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<tr>
<td>IX.</td>
<td>9.</td>
<td>Educate patient and/or care taker about appropriate wound care</td>
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<tr>
<td>X.</td>
<td>10.</td>
<td>Facilitate provision of appropriate off-site wound care</td>
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<tr>
<td>XI.</td>
<td>11.</td>
<td>Ensure patient has primary care assignment, and refer to appropriate specialist as indicated (ie. Endocrinology, Podiatry, Vascular Surgery, Plastic Surgery, General Surgery, ID, Rheum)</td>
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## Assess Periwound Area

<table>
<thead>
<tr>
<th></th>
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</thead>
<tbody>
<tr>
<td>I.</td>
<td>1.</td>
<td>Perform neurovascular examination of involved limb or truncal area as indicated.</td>
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<tr>
<td>II.</td>
<td>2.</td>
<td>Evaluate and document the following findings in the periwound area:</td>
</tr>
<tr>
<td></td>
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<td>Edema, localized swelling</td>
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<tr>
<td></td>
<td></td>
<td>Erythema, cyanosis, pallor, discoloration</td>
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<tr>
<td></td>
<td></td>
<td>Induration</td>
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<td></td>
<td></td>
<td>Tenderness</td>
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<tr>
<td></td>
<td></td>
<td>Temperature-warmth/coolness</td>
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<tr>
<td></td>
<td></td>
<td>Eschar</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Necrosis-wet. Dry</td>
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<tr>
<td></td>
<td></td>
<td>Rashes</td>
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</tbody>
</table>
I. Assess the Wound Area

I. 1. Evaluate document the following marginal findings:
   Callous
   Hypertrophic skin
   Maceration
   Necrosis
   Tracts, fissures
   Undermining
   Invagination/ Evagination
   Re-epithelialization

II. 2. Evaluated and document the following for the wound base:
   Clot/bleeding
   Granulation tissue
   Fibrous tissue
   Fibrotic tissue
   Vital structures (tendon, nerve, muscle, blood vessels, bone, peritoneum, fascial sheaths, joint capsule, cartilage, ect.)
   Foreign Bodies (glass, suture, clips, ect.)
   Odor
   Pus, drainage, discharge
   Tunneling, cavities, fistulas

III. 3. Measure and Record Wound Size:
   Length
   Width
   Depth
   Location of tracts, tunneling, ect.
   Length and diameter of tracts, tunneling
   Acquire Photographs and Wound Tracings at least weekly
   (or at each visit if presents less frequently than every wk)

II Does Wound Require Sharp Debridement

- no
- yes

III. Proceed to Page 3 for direction on Chemical Debridement

IV. Perform Sharp Debridement
Mechanical and Chemical Debridement

V. Wound Base Greater than 50% Fibrotic Tissue

VI. Wound Base Less than 50% Fibrotic Tissue

VII. Does the Wound Secrete Large Amounts of Drainage

VIII. Consider using in conjunction with sharp & mechanical techniques:
- Accuzyme
- Santyl
- Do not use with significant tunneling or fistula tract

IX. Consider using in conjunction with sharp & mechanical techniques:
- Panafil
- Do not use with significant tunneling or fistula tract

XI. Consider using in conjunction with sharp & mechanical techniques:
- Iodosorb
- Iodoflex