‘Wound Assessment: a case study approach’

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Process of Wound Assessment:

INCORPORATES (for practitioners)

✗ Knowledge of relevant anatomy and physiology
✗ The ability to identify factors that may interfere with the normal wound healing process
✗ The ability to collect subjective and objective data
✗ The ability to analyse and interpret the information that has been gained
✗ The ability to identify the patient’s problems and needs through discussion
Aim of Wound Assessment:

Data collected through a systematic assessment process should inform your next planned intervention

- What is the aetiology and location of the wound?
- How should the wound be graded objectively?
- Based on the wound grading, what is the primary treatment objective?
- What regimen is required to achieve the identified treatment objective(s)?

An example of a systematic approach to wound assess..
‘A ten point plan for success?’

1. Wound classification?
2. Assessment framework?
3. Specific information?
4. Additional techniques?
5. Surrounding skin?
6. Primary objectives?
7. Planned interventions?
8. Documentation?
9. Photographic record?
10. Patient information?

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Patient One

- Mr A.H
- 39-year-old male
- No health problems
- In full-time employment
- Works as a gamekeeper
Background

- Injured foot bathing on holiday overseas
- Returned home
- Continued to work as a gamekeeper
- Often wore occlusive work boots for over 16-hours at a time
- Self-treatment regimen based on neighbours advice
- No dressings used
- Developed fungal infection
Progression

- 2-weeks after returning from holiday:
  - Wound not healing
  - Secondary fungal skin infection
- Patient prompted to visit GP surgery
- Practice Nurse prescribed anti-fungal ointment (no dressing)
- Mr. AH followed this regimen for a further 2-weeks
- Visited A&E as foot failed to improve
Initial Presentation
Initial Presentation
• What is the aetiology of and how would you classify this wound?
• Where do you think that this patient should be managed?
• What would your assessment involve?
• What would be your prime treatment objectives?
• Based on the above, what would your treatment choices be? Please identify your rationale for the same
Initial Presentation

- Admitted via A&E
- Severely infected foot
- Signs of apical necrosis to toes
- 60% skin loss
Wound Management

× Holistic patient assessment
× Wound bed assessed via TIME framework:
  × T – Skin loss on all of the digits extending proximally
  × I – Clinical signs consistent with local infection
  × M – Lack of uniformity of moisture provision
  × E – Need to document the dimensions of the wound
Other Challenges

- The patient was reluctant to take any time off work either to rest the affected foot or to attend appointments for treatment.
- The patient had another forthcoming overseas holiday which he made clear he intended to take regardless of the status of his wound.
- Reluctant to stay in hospital due to the recent death of his father.
Interventions

- IV during 24-hours stay as inpatient
- Oral on discharge
- Initial management - dressings
  - Absorbent product with silver incorporated
  - *Rationale*: swiftly reduce bacterial burden & manage exudate
- Subsequent management - dressings
  - Silver and appropriate secondary dressings
  - *Rationale*: continue to reduce microbial burden

**SHARP DEBRIDEMENT / ADVICE**
Improvements with new regimen
Outcome

- Wound considerably improved within 2-weeks
- Use of silver dressings ceased after 3-weeks
- Daily application of moisturiser
- Returned to work in supervisory capacity
- Regularly removed footwear
Improvement after 10-weeks
Patient Two

- Miss ZC - a 22 year old female
- Severe bilateral skin lesions to the lower legs
- Wound characteristics of heavily exuding grade 3 leg ulcers [European Pressure Ulcer Advisory Panel (EPUAP) 1997]
- All lesions involved the epidermal and dermal skin layers
- Had experienced problems with the lesions for the past 6 years
Patient Two

‘These legs have really affected my life because of the fluid that pours out of them. I have not been able to get a job and I will not go out to see a film at the cinema now. Instead I wait to see it on video at home with my boyfriend.’

Lower limb lesions were first noted while she was attending an outpatient's appointment in 1998.

Referred to a consultant dermatologist - biopsy, confirmed a diagnosis of Necrobiosis Lipoidica.
Patient Two
Other Challenges

- Lesions were painful all the time, but more so at time of dressing changes.
- Other significant past medical history (ongoing):
  - Type 1 diabetes of juvenile onset, managed with insulin.
  - Eczema on the skin surrounding the lesions, managed with topical corticosteroids.
- Patient reluctant to have any tight bandages on her legs.
• What is the aetiology of *and* how would you classify this wound?
• Where do you think that this patient should be managed?
• What would your assessment involve?
• What would be your prime treatment objectives?
• Based on the above, what would your treatment choices be? *Please identify your rationale for the same*
Interventions

- Involvement of patient in decision making process
- Wound considerably improved once principle of Moist Wound Healing applied
- Appropriate skin protection
- Absorbent dressings – topical antimicrobials when clinically indicated
- Reduced Compression Therapy - now hosiery
- Consistent approach
Patient Two
Outcome

- Patients quality of life and social interaction has improved
- Feels involved in all aspects of her care
- Pain minimised – wounds improved!
- Understands need for and happy to have Compression Therapy and Hosiery as required
- Now works in a voluntary capacity at a local charity shop
Patient Two
ANY QUESTIONS?