

25. Wound Care

Wound Care ³¹⁶				
Task / Activity	Self-Assessment / Date	Competency Assessed Y / N	Competency Achieved	Signed off by Clinical Assessor / Date
<ul style="list-style-type: none"> • Demonstrate an understanding of the holistic care of the patient with a wound. • Demonstrate an understanding of the anatomy and physiology of the skin and the maintenance of its integrity. • Demonstrate an understanding of the anatomy and physiology of the vascular system. • Demonstrate an understanding of the pathophysiology of different types of wounds including but not limited to: <ul style="list-style-type: none"> ○ Surgical wounds.³¹⁷ ○ Chronic wounds including lower limb ulcers and pressure sores.³¹⁸ ○ Burns and scalds. ○ Traumatic wounds. • Demonstrate an understanding of the physiological stages of wound healing.³¹⁹ • Demonstrate an understanding of the holistic assessment of the patient with a wound, identifying any factors that may affect healing. • Demonstrate an understanding of the investigations that may be used to determine the cause and appropriate treatment of a wound. • Demonstrate an understanding of the signs and symptoms of infection and colonisation, understand when it would be appropriate to use wound swabs and take appropriate steps to manage these in line with local anti-microbial prescribing guidance. • Demonstrate an understanding of the local dressings formulary and understand the dressings contraindications and potential side effects. • Demonstrate an understanding of the signs and symptoms of systemic infection and sepsis and the appropriate action to manage these.³²⁰ • Demonstrate an understanding of the aims of wound dressings and be able to select an appropriate product providing a clear rationale for that choice. • Demonstrate an understanding of the need for appropriate onward referral to a senior clinician for further treatment and tissue viability services. 				

³¹⁶ <https://www.skillsforhealth.org.uk/wp-content/uploads/2021/05/Wound-Care-Framework-2021.pdf>

³¹⁷ <https://www.nationalwoundcarestrategy.net/wp-content/uploads/2021/06/Surgical-wound-summary-chart-WEB-22Feb21-1.pdf>

³¹⁸ <https://www.nationalwoundcarestrategy.net/wp-content/uploads/2021/04/Lower-Limb-Recommendations-WEB-25Feb21.pdf>

³¹⁹ <https://www.britishjournalofnursing.com/content/back-to-basics/assessment-of-wounds-in-adults/>

³²⁰ <https://www.nice.org.uk/guidance/NG51>

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<ul style="list-style-type: none"> • Demonstrate an understanding of the identification of diabetic foot ulcers and refer on to a senior clinician.³²¹ • Demonstrate an understanding of the safeguarding of patients with wound as per local and national guidance. <p>Patient Care All patients requiring wound care should have their initial consultation carried out by a Registered Nurse to set initial care plans. All subsequent appointments should be carried out under the supervision of a Registered Nurse:</p> <ul style="list-style-type: none"> • Be able to elicit a full wound history from the patient including, how it was sustained, length of time present, interventions already tried, and any previous wounds, particularly those of a similar nature. • Be able to elicit a full history from the patient to be able to understand any factors that may affect healing.³²² • Be able to perform a through wound assessment gathering and documenting the following information and discussing any changes from initial assessment with a Registered Nurse: <ul style="list-style-type: none"> ○ Size. ○ Depth. ○ Extent of tissue involvement. ○ Colour and type of wound bed tissue. ○ Amount, colour odour and type of exudate. ○ Signs of infection. ○ Is there a fistula or sinus present. ○ Condition of the peri-wound area and surrounding skin. ○ Any pain. • Be able to discuss any investigations needed to provide more in-depth information about the wound with a Registered Nurse. • Be able to take the patients ethnic, cultural, social, economic, religious, and spiritual needs in to account when discussing a wound care plan with the Registered Nurse. • Be able to make suggestions to the Registered Nurse about which wound care products would provide an optimal environment for wound healing based on the individual wound presentation whilst maintaining the integrity of the surrounding tissue. • Be able to discuss with a Registered Nurse when the signs of colonisation and infection have been identified, taking local antimicrobial prescribing guidelines in to consideration. 				

³²¹ <https://www.nice.org.uk/guidance/ng19>

³²² <https://www.britishjournalofnursing.com/content/back-to-basics/assessment-of-wounds-in-adults/>

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<ul style="list-style-type: none"> • Be able to elicit patients understanding and provide education and support on the following where needed³²³: <ul style="list-style-type: none"> ○ Nutrition. ○ Exercise. ○ Smoking cessation. ○ Using alcohol within sensible limits. ○ Hygiene. ○ Sleep. ○ Management of co-morbid conditions. ○ Hydration. ○ Psychological impact of the wound. • Be able to maintain the follow up plan for the patient ensuring the treatment plan has been accurately documented by the Registered Nurse so that other clinicians may continue with the care. • Be able to identify when self-management may be appropriate and discuss this option with a Registered Nurse.^{324 325} • Be able to ensure the patient has robust safety netting advice including red flags for, deterioration and local and systemic infection with clear instructions on what action to take, where not arrange for them to speak with a Registered Nurse. • Be able to recognise when patient complexity exceeds competence and refer on as appropriate. 				

³²³ https://journals.lww.com/aswcjournal/Fulltext/2021/08000/Patient_Centered_Education_in_Wound_Management_.3.aspx

³²⁴ <https://www.nationalwoundcarestrategy.net/wp-content/uploads/2021/05/Shared-Care-for-Wounds-30.03.20.pdf>

³²⁵ <https://www.nationalwoundcarestrategy.net/wp-content/uploads/2021/05/NWCSP-Looking-after-your-wound-1.pdf>