

HOME AND COMMUNITY CARE SUPPORT SERVICES
North East

Surname:				First Name:			
CHRIS #:				Date of Birth (DD/MM/YYYY):			
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
HCN:						Version Code	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

WOUND CARE PROTOCOL-PRIMARY CARE PROVIDER

- ☐ Initiate the plan of care for the wound as per Home and Community Care Support Services North East Wound Care Protocol & Integrated Clinical Pathways

Patient Address: _____

Patient Phone Number: _____

Note: All wound categories require an appropriate cover dressing; foam is suggested unless stated otherwise. Gauze is also an acceptable cover dressing, where appropriate.

<ol style="list-style-type: none"> Principles of wound bed preparation MUST be adhered to: <ol style="list-style-type: none"> Debridement of dead tissue, except in dry diabetic gangrene and ischemia. Proper equipment and training for debridement are ESSENTIAL for professionals treating wounds. Moisture balance. Bacterial balance: Infected wounds require antimicrobial products for localized infection and antibiotics for systemic infections. All dressing are to be done using aseptic technique. All diabetic wounds require antimicrobial products. Optimize wound health by attention to nutrition, blood supply avoiding smoking, offloading pressure, pain control, etc. (Treat the whole person) Diagnose etiology of wound-May be multifactorial, e.g. traumatic, diabetic and/or ischemic. 	<p>Clinical Pathways</p> <p>Diagnosis: _____</p> <p>Site: _____</p> <p>Select Desired Pathway :</p> <p><input type="checkbox"/> Diabetic Foot Ulcer</p> <p><input type="checkbox"/> Surgical Wound</p> <p><input type="checkbox"/> Pressure Injury</p> <p><input type="checkbox"/> Venous Leg Ulcer</p> <p><input type="checkbox"/> Chronic Maintenance Wound</p> <p><input type="checkbox"/> Infected Surgical Wound</p> <p><input type="checkbox"/> Pilonidal Sinus/Incision & Drainage</p> <p><input type="checkbox"/> Trauma Wound</p> <p><input type="checkbox"/> Partial Thickness Burn</p> <p><i>*Integrated Clinical Pathways (ICPs) can be found on the Home Community Care NE website.</i></p> <p><input type="checkbox"/> Atypical wound</p>
<p>Frequency of visits and treatment products may change at the discretion of the nurse or wound care therapist, as per clinical assessment, in accordance with the ICPs. Treatment will be taught to the patient/caregiver when appropriate.</p> <p>The following wound descriptors can be used to select the appropriate dressing protocols. If no selection is made, the nurse will initiate the plan of care as per ICPs and communicate on the status of the wound to the primary care provider:</p>	
<p>Superficial Granulating Wound</p> <p>Minimum exudate: <input type="checkbox"/> Hydrocolloid Full Thickness (Every 3-7 days)</p> <p><input type="checkbox"/> Hydrogel + Jelonet/Adaptic (Every 3 days)</p> <p>Moderate to severe exudate: <input type="checkbox"/> Hydrofibre (Every 3-7 days)</p> <p><input type="checkbox"/> Foam Dressing (Every 3-7 days)</p>	
<p>Cavity Wound</p> <p>Minimum exudate: PHMB (every 3 days) <input type="checkbox"/> Ribbon <input type="checkbox"/> Gauze <input type="checkbox"/> Kerlix Roll</p> <p><input type="checkbox"/> Hydrogel + Jelonet/Adaptic + Appropriate Gauze Packing (every 2-3 days)</p> <p>Moderate to severe exudate: <input type="checkbox"/> Hydrofibre/Calcium Alginate (every 3-7 days)</p> <p><input type="checkbox"/> Foam Cover Dressing (every 3-7 days)</p>	

Printed Name

Signature/Designation

Date (DD/MM/YYYY)

Surname:				First Name:			
CHRIS #:				Date of Birth (DD/MM/YYYY):			
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
HCN:						Version Code	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

WOUND CARE PROTOCOL-PRIMARY CARE PROVIDER

Burn Wound	<input type="checkbox"/> Nanocrystalline Silver (every 3 days) <input type="checkbox"/> Hydrofibre with Silver - <i>change cover dressing and non-adhered hydrofibre</i> (every 3-5 days) <input type="checkbox"/> Calcium Alginate with Silver – <i>change cover dressing and non-adhered alginate</i> (every 3-5 days) <input type="checkbox"/> Flamazine - <i>requires Physician Rx</i> (twice a day) <input type="checkbox"/> Burns to face – <i>Polysporin</i> (patient to apply three times a day)
Chronic Maintenance Wound (Exclude: cancer, foreign bodies, granulomatous diseases, fungi)	<input type="checkbox"/> Hydrofibre with silver (every 3-7 days) PHMB (every 3 days) <input type="checkbox"/> Ribbon <input type="checkbox"/> Gauze <input type="checkbox"/> Kerlix Roll <input type="checkbox"/> Cadexomer Iodine – <i>e.g. Iodosorb + Gauze</i> (every 3 days) <input type="checkbox"/> Delayed release Iodine dressing (Inadine) (every 3 days) <input type="checkbox"/> Silver (every 3-7 days) - <i>specify type: _____</i>
Pressure Injury	See <i>Infected Wound, Cavity Wound, or Superficial Wound.</i>
Infected Wound	<input type="checkbox"/> Cadexomer Iodine dressing – <i>e.g. Iodosorb</i> (every 3 days) <input type="checkbox"/> Delayed release Iodine dressing (Inadine) (every 3 days) <input type="checkbox"/> Hydrogel with Silver (every 2-3days) <input type="checkbox"/> Hydrofibre with silver (every 3-7 days) <input type="checkbox"/> Calcium Alginate with silver (every 3 days) PHMB (every 3 days) <input type="checkbox"/> Ribbon <input type="checkbox"/> Gauze <input type="checkbox"/> Kerlix Roll <input type="checkbox"/> Gentian Violet + Methylene Blue (Hydrofera Blue) (every 3-7 days) <input type="checkbox"/> Pseudomonas infection: acetic acid (vinegar) 2.5% (5% <i>diluted 1:1 with saline or water</i>) soaked gauze BID x5 days, then revert to appropriate dressing for infected wound.
Intertrigo	<input type="checkbox"/> Textile with Silver - Interdry Ag in skin folds - <i>can be hand-washed, hung to dry and reused, if appropriate, apply as the sole product (ie. no creams or ointments)</i> PHMB <input type="checkbox"/> Ribbon <input type="checkbox"/> Gauze <input type="checkbox"/> Kerlix Roll (antimicrobial dressing - <i>apply dry as the sole product</i> – every 3 days)
Venous Stasis Ulcer	<p>For all patients, ABPI or vascular study required prior to initial treatment. ABPI may not be accurate in diabetic and renal patients, therefore vascular studies are required, and patients must be followed by wound care specialist.</p> <p>Compression is the cornerstone of treatment; life-long compression is necessary once ulcers heal.</p> <p>ABPI Unknown: If the ABPI is not known indicate that compression is required. Within 7 days of initial visit the visiting nurse will complete ABPI and order the appropriate product.</p> <input type="checkbox"/> Compression – ABPI to be completed by visiting nurse

Printed Name

Signature/Designation

Date (DD/MM/YYYY)

Surname:				First Name:			
CHRIS #:				Date of Birth (DD/MM/YYYY):			
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
HCN:						Version Code	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

WOUND CARE PROTOCOL-PRIMARY CARE PROVIDER

<p>Venous Stasis Ulcer continued</p>	<p>ABPI Known: If compression is indicated and the ABPI is known, please select the appropriate product from the list below, and provide the ABPI value.</p> <p>ABPI Value: _____</p> <p><input type="checkbox"/> Coban II if APBI is 0.8-1.2 <input type="checkbox"/> Coban II Lite if ABPI is <0.8 but >0.5 <input type="checkbox"/> Elastic tubular bandage, toes to knee, if ABPI is 0.6-0.8</p> <p>If exudative: <input type="checkbox"/> Calcium Alginate with silver <input type="checkbox"/> Hydrofiber with Silver PHMB <input type="checkbox"/> Ribbon <input type="checkbox"/> Gauze <input type="checkbox"/> Kerlix Roll <input type="checkbox"/> Cadexomer Iodine</p> <p><input type="checkbox"/> Cover with foam or appropriate cover dressing depending on exudate amount.</p> <p>Change dressing weekly unless strikethrough/slipping of the bandage.</p>	
<p>NPWT - moderate to heavily exudating wounds.</p>	<p>Wound dressing Size: <input type="checkbox"/> Small <input type="checkbox"/> Medium <input type="checkbox"/> Large <input type="checkbox"/> X-Large Filler: <input type="checkbox"/> White Foam <input type="checkbox"/> Black Foam</p> <p>Setting: _____</p> <p>To be changed every 3 days (cannot be left in place longer than 3 days).</p> <p>If negative pressure unit malfunctions, it must be assessed immediately or changed to conventional dressing if a replacement negative pressure unit is not available.</p> <p>Conventional Dressing Orders: _____</p>	<p><input type="checkbox"/> Priority case <input type="checkbox"/> High exudate <input type="checkbox"/> Necrotizing fasciitis <input type="checkbox"/> Orthopedic with hardware</p>
<p>Necrotic Wound If Eschar is loose, remove or trim loose eschar only.</p>	<p><input type="checkbox"/> Hydrogel for autolytic debridement *CONTRAINDICATED IN ISCHEMIC WOUNDS. Vascular assessment necessary. Sharp debridement is CONTRAINDICATED without vascular assessment.* <input type="checkbox"/> Cadexomer Iodine (Iodosorb) at the margins of dry eschar <input type="checkbox"/> Dry ischemic wounds: Paint with Betadine solution daily, cover with dry gauze PRN</p>	

Printed Name

Signature/Designation

Date (DD/MM/YYYY)