

Health Plan of Michigan Clinical Practice Guideline

Management of Adults with Wounds

The following guideline recommends diagnostic evaluation, education and treatment that support effective patient self-management

Eligible Population	Key Components	Recommendation and Level of Evidence
Adults with wounds	Initial evaluation	<u>Assessment should include:</u> <ul style="list-style-type: none"> • Thorough history and physical examination [C] including precipitating factors (post-operative, venous/arterial insufficiency, diabetic peripheral neuropathy, pressure ulcers, burns) • Perfusion tests (Doppler, flow studies, color scans, etc.) • Perfusion check (peripheral pulses, capillary refill, absence or presence of pain, color, temperature)[C] • Thorough description of wound(s) that include: location, size (measurements indicate length, width, depth), drainage(type, color, consistency, amount, odor), wound bed and wound edge appearance, tunneling/undermining presence[C] • Laboratory tests and other studies should include: CBC, serum electrolytes (including calcium, magnesium), BUN, serum creatinine, blood glucose, liver function tests, TSH, urinalysis [C]
Adults diagnosed: Venous insufficiency (stasis)	Treatment	<u>Measures to improve venous return:</u> <ul style="list-style-type: none"> • Elevation of legs • Compression therapy to provide at least 30mm/hg compression @ ankle • Surgical obliteration of damaged veins OPTIONS: <ul style="list-style-type: none"> • Short stretch bandages (i.e. Setopress, Surepress, Comprilan) • Therapeutic support stockings • Unna boot • Profore 4-layer wrap • Compression pumps <u>Topical Therapy</u> <ul style="list-style-type: none"> • Absorb exudates (use alginate, foam) • Maintain moist wound surface (i.e. hydrocolloids)
Arterial insufficiency		<u>Measures to improve tissue perfusion:</u> <ul style="list-style-type: none"> • Medications that improve RBC transit through narrowed vessel • Lifestyle changes (avoid tobacco, caffeine, cold environments, constrictive/tight clothing, prevent trauma)[A] • Hydration • Revascularization if possible <u>Topical Therapy</u> <ul style="list-style-type: none"> • Dry uninfected necrotic wound: keep dry [A] • Dry infected wound: Immediate referral for surgical debridement and aggressive antibiotic therapy • Open wound: moist wound healing, non-occlusive dressings (i.e. solid hydrogels) and aggressive treatment of any infection
	Education, counseling and risk factor modification	<u>Educate patient/family regarding:</u> <ul style="list-style-type: none"> • Daily self monitoring of wound progress and dressing/treatment changes • Recognition of symptoms of infection (local and systemic) and when to seek medical attention • Adequate nutrition to encourage wound healing • Risk factor modification (smoking cessation; control of weight, BP, DM, lipids, wear appropriate footwear at all times, etc.) • Avoid excessive alcohol intake, illicit drug use, and the use of NSAIDS

Levels of Evidence for the most significant recommendations: A=randomized controlled trials; B=controlled trials, no randomization; C=observational studies; D=opinion of expert panel

This guideline represents core management steps. It is based on the 2000 APIC Guideline Committee, Wound, Ostomy and Continence Nurses Society (WOCN) position statement: Clean vs. sterile: Management of chronic wounds (available at <http://www.wocn.org/publications/posstate/pdf/clvst.pdf>). Individual patient considerations and advances in medical science may supersede or modify these recommendations.