Title: Basic Wound Management

Target Audience: Community Indigenous and Subacute Services - Nursing Staff

<table>
<thead>
<tr>
<th>DEMONSTRATES THE ABILITY TO:</th>
<th>Key</th>
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<tbody>
<tr>
<td>Establish and maintain a trusting relationship within a safe working environment</td>
<td>C = Competent for Level</td>
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<td>S = Requires Supervision</td>
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<td>D = Requires Development</td>
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**Performance Criteria 1**

1. Provides a clean and private environment
2. Collects and organises all equipment
3. Identifies and respects the client, family / significant others as an integral part of care delivery
4. Demonstrates effective verbal and written communication to ensure informed consent of the client
5. Demonstrates effective verbal and written communication identifying client specific goals / desired outcomes
6. Discusses current condition and existing plan of care
7. Provides appropriate education eg hygiene, diet, signs of infection
8. Applies patient and manual handling principles throughout the wound assessment and care
9. Applies infection control principles throughout the assessment
10. Applies aseptic non touch technique throughout assessment and management.

**Performance Criteria 2**

1. Identifies the intrinsic and extrinsic risk factors which may affect wound healing, for example:
   - Medical conditions / co-morbidities
   - Obesity
- Infection
- Medications
- Immobility
- Poor Nutrition
- Allergies
- Frail / aged
- Smoking
- Immunocompromised

2. **Identifies the type of wound:**
   - Acute or chronic
   - Surgical – wound breakdown
   - Trauma – injury
   - Burn
   - Pressure Ulcer
   - Skin tear

3. **Assesses the size and depth of the wound:**
   - Measures wounds using available equipment/current techniques. disposable ruler, wound tracing, photography (consent must be obtained) etc
   - Records the wound dimensions within client record
   - Demonstrates clinical assessment and judgement for ongoing assessment, and care planning

4. **Accurately assesses, describes and documents the characteristics of the wound including:**
   - The anatomical location and position of the wound
   - Tissue - (Black – necrotic / eschar, Pink epithelial, Red Granulating, Yellow Slough, Green- infection
   - The peri wound skin condition eg. Maceration, oedema, erythema, fragile, intact, induration
   - Exudate – colour, odour, amount, consistency
   - Identifies and assesses pain using appropriate scales and patient information
   - Pain – frequency, characteristics, location, intensity, analgesia
   - Evidence of infection or risk of potential infection including, temperature, heat, inflammation, pain, failure to progress or deterioration

**DEMONSTRATES THE ABILITY TO:**
Apply evidence based principles while providing basic wound care and during the selection and use of products

**Performance Criteria 3**

1. **Provides basic wound care:**
   - Observes and implements Infection Control principles e.g. ANTT
   - Removes necrotic tissue or foreign body within scope of practice
   - Identifies and minimises infection; local or systemic
   - Obliterates dead space
   - Manages exudate and peri-wound area effectively
   - Provides thermal insulation
   - Maintains a moist wound environment
   - Protects healing wound from trauma, bacterial invasion
   - Considers frequency of dressing changes
2. Selects wound care products:
   - Meet the needs of client and their wound as assessed
   - Uses products as recommended
   - Consults and accesses resources when required
   - Practices cost effectiveness

**DEMONSTRATES THE ABILITY TO:**
Use clinical practices including dressing techniques that are conducive to wound healing

**Performance Criteria 4**

1. Applies Hand hygiene “5 moments”
2. ANTT Principles

2. Assembles and prepares the equipment required for basic wound care including:
   - A dressing pack
   - Dressings and tapes etc.
   - Warm saline or water
   - Gloves
   - A rubbish bag
   - An apron
   - Consults with colleagues as required to identify any special requirements

3. Attends to wound care as follows:
   - Performs hand hygiene
   - Dons non-sterile or sterile gloves (for immune-suppressed clients)
   - Dons personal protective equipment
   - Atraumatic dressing removal and discard.
   - Discards gloves
   - Performs hand hygiene and re-applies gloves
   - Irrigates wound gently with warm normal saline or water
   - Takes micro swab of clean wound bed if required
   - Applies wound care products maintaining aseptic non touch technique

4. Disposes of waste as follows:
   - Sharps disposed of into sharps container
   - Waste placed into a plastic rubbish bag
   - Uses appropriate waste bins; general or clinical

**DEMONSTRATES THE ABILITY TO:**
Complete documentation accurately and comprehensively in a timely manner

**Performance Criteria 5**

- Documents the wound assessment in the clients medical record as per Metro North Health Service District Post Acute Care Wound Assessment Management plan
- Documents variances to the management plan and /or clinical information in the progress notes
- Completes referrals to multidisciplinary services and discharge planning services
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<tr>
<th>Competency</th>
<th>Achieved</th>
<th>Not yet achieved (circle)</th>
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**Comments or Plan:**

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**References:**


Basic Wound Management Self Directed Learning Package
