## Medical Diagnosis: Arterial, Diabetic, Pressure, Venous or Mixed Arterial-venous Ulcers Nursing Diagnosis: Skin Integrity Impaired Or Tissue Integrity Impaired 3 Light Debride 04-04-03 LB Goals of Patient Care Reduce risk factors for ulcer development and delayed healing. Prevent wound complications and promote wound healing Wound Assessments Observed Wound Bed/Exudate Moist Lightly Exuding Wound Bed/Tissue > 25% necrotic tissue/fibrin slough Assess for Clinical Signs and Symptoms of Infection Purulent Exudate and/or Elevated Temperature and/or Peripheral Induration and/or Edema) Depth Superficial or Partial-Thickness Full-Thickness Surroundina Skin Healthy/reddened Healthy/reddened Wound Edges Healthy Healthy Undermined Goals of ÷ Wound Care Obtain clean wound bed. Maintain moist Maintain moist environment environment prevent premature wound closure Wound Care Plan Cleanse Cleanse and Debride Wound Debride Surgical: Qualified provider Enzymatic Apply enzymatic debridement removes devitalized tissue Autolytic agent according to package with scalpel or other sharp insert instructions, avoiding instrument. Obtain hemostasis exposure to intact skin before dressing wound. Primary Dressing Moisture Moisture Wound Wound Retentive Retentive Hydration Hydration Dressing Dressing Secondary Dressing Moisture Moisture N/A N/A Retentive Retentive Dressing Dressing Patient **RISK FACTORS** Care Plan Arterial ulcers: Smoking, hypertension, hyperlipidemia and inactivity. Review surgical/medical management options to improve arterial circulation. Diabetic ulcers: Smoking, hypertension, obesity, hyperlipidemia and high blood glucose. Review surgical/medical Reduce risk factors for developing management options and use appropriate off-loading techniques. Pressure ulcers: Pressure, shear, friction, nutritional deficiencies, dehydration and dry skin conditions, skin exposure chronic ulcers and to moisture or wound contamination secondary to incontinence, perspiration or other fluids, e.g. skin protection delayed healing, e.g. Venous ulcers: Edema with leg elevation, ambulation and compression. If patient is not ambulatory, assure frequent ankle flexes. Review surgical/medical management options and use compression bandages if appropriate Mixed arterial-venous ulcers: Smoking, hypertension, inactivity, hyperlipidemia. Review surgical/medical management options to improve arterial circulation and compression bandages if appropriate All patients: Provide patient and/or caregiver teaching and support. Confirm and treat infection if needed. Assess and manage wound pain and odor if present. Expected Wound is not infected and is healing as evidenced by a reduction in size after 2 to 4 weeks of care. No evidence Outcomes of new skin breakdown. Delayed Re-evaluate plan of care or address underlying etiology if ulcer has not reduced in size during 2 to 4 weeks of care Healing

All copyrights are reserved by ConvaTec.