

Wound Management Guidelines

Rationale /Background

This guideline has been developed to support healthcare professionals to ensure standardised quality evidence based practice is delivered across the Trust.

Purpose of the Guideline

The following wound management guideline has been developed to aid clinicians to appropriately identify, assess and manage wounds.

Explanation of Terms used in this guideline

Term	Definition
Anti-microbial	A general term for drugs, chemicals, or other substances that either kill or slow the growth of microbes. Among the antimicrobial agents are antibacterial drugs, antiviral agents, antifungal agents, and antiparasitic drugs
Debridement	The process of cleaning an open wound by removal of foreign material and dead tissue, so that healing may occur
Diabetic foot ulcer	A foot affected by ulceration that is associated with neuropathy and/or peripheral arterial disease of the lower limb in a patient with diabetes
Epithelisation	Epithelialisation is characterised by the proliferation and migration of epithelial cells across the wound surface
Exudate	Fluid, such as pus or clear fluid, that leaks out of blood vessels into nearby tissues. The fluid is made of cells, proteins, and solid materials. Exudate may ooze from cuts or from areas of infection or inflammation
Granulation	Granulating tissue is composed of collagen and "ground substance", and contains new capillary loops that give granulation tissue its characteristic red colour
Leg ulcer	A loss of skin below the knee on the leg or foot which takes more than 6 weeks to heal
Pressure ulcer	A pressure ulcer is localized injury to the skin and/or underlying tissue usually over a bony prominence, as a result of pressure, or pressure in combination with shear
Slough	Slough refers to moist necrotic tissue. This type of devitalised tissue is soft, moist and often stringy in consistency and is usually yellow, white or grey in colour
Necrosis	A necrotic wound contains tissue that has become devitalised due to damage to its blood supply, for example from pressure or trauma. When this tissue becomes dehydrated it forms a hard, black leathery layer over the wound, commonly called an eschar

Who does this Guideline apply to?

All clinicians who are competent in wound care assessment and management.

Wound Care Guidelines 2013

Karin Nielsen-Saines



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