TREATMENT PROTOCOL FOR ARTERIAL/NON-HEALABLE WOUNDS

Initiate Wound Record

****Confirm that patient with arterial wound has been referred to a vascular specialist for re-vascularization consult.****

- ☐ Photograph wound and file as per regional policy
- ☐ Initiate wound record

CLIENT INFORMATION:

Name:

Date:

ARTERIAL WOUND

- ☐ Date of re-vascularization consult: _____
- ☐ Maintain a clean, stable wound until consult has taken place. Paint wound with Betadine or Chlorhexidine.
- ☐ Apply a protective dry gauze dressing, if required, and secure it.

** **Once the limb has been successfully re-vascularized, re-evaluate the client by completing an updated Lower Leg Assessment and a new treatment plan ****

** **If re-vascularization is not possible, treat as non-healable wound. ****

NON-HEALABLE WOUND (when moist wound healing is contra-indicated)

Wound is considered non-healable due to: ☐ Not a surgical candidate ☐ Patient at end of life ☐ Other

Wound is covered with **stable, hard, dry eschar or dry gangrene**

- ☐ Treatment goal: Maintain dry eschar
- ☐ Clean and hydrate intact skin
- ☐ Cleanse the wound with enough Betadine to remove any loose debris. Cleansing the wound with saline or soaking in tub/water is not recommended.

**** Consult wound clinician nurse if dry eschar begins to lift or becomes moist / boggy ****

- ☐ Apply a protective dry gauze dressing, if required, and secure it.
- ☐ Change dressing 3 times/week.
- ☐ Reassess the wound at every dressing change. Complete a full wound reassessment weekly, including wound measurements, and update wound record.

**** Monitor change in wound depth and area. Contact wound clinician nurse for advice/reassessment if required. ****

Wound is covered with **moist, boggy slough or wet gangrene**

- ☐ Treatment goal: protect and promote formation of dry eschar
- ☐ Clean and hydrate intact skin
- ☐ Cleanse the wound with normal saline or water; pat dry to remove excess moisture. Soaking in tub/water is not recommended.
- ☐ Paint open areas and intact eschar with betadine and allow to dry well.
- ☐ Apply a protective dry gauze dressing, if required, and secure it.
- ☐ Change dressing once or twice daily until a dry stable eschar is present.

**** Consult wound clinician nurse if moist eschar does not dry out or if there are increased signs of infection ****

- ☐ Reassess the wound at every dressing change. Complete a full wound reassessment weekly, including wound measurements, and update wound record.

**** Monitor change in wound depth and area. Contact wound clinician nurse for advice/reassessment if required. ****

TREATMENT PROTOCOL FOR ARTERIAL/NON-HEALABLE WOUNDS

Counseling provided

☐ Establish wound care goals with client:_____

_____

☐ Provide client/caregiver with instructions for care & management: _____

_____

CLIENT INFORMATION

Name

Date

☐ Risk factor reduction _____

☐ Address client concerns _____

☐ Other _____

Date	Coordination of care (arrange consults if physician/NP has not already done so)
	Vascular disease (specialist): via ☐ Primary care provider
	Client concerns: ☐ Dietician ☐ Social work ☐ Other:
	Other:

Individualized care plan

Signature: Date:

Communications

☐ Provide summary of assessment and recommended treatment to referring Physician/ NP. Use LEW Pathway form **"Communication with Referring Physician/NP."** Attach lower leg assessment form if appropriate.

TREATMENT PROTOCOL FOR ARTERIAL/NON-HEALABLE WOUNDS

Date/Time	Treatment Change & Progress Note	CLIENT INFORMATION: Name: Date: