

<b>Saskatchewan Lower Extremity Wound Pathway</b> <b>TREATMENT PROTOCOL FOR ARTERIAL/NON-HEALABLE WOUNDS</b> (when moist wound healing is contraindicated)	PATIENT INFORMATION:  Name:          Date:
<b>Initiate Wound Record</b> <b>** Contact physician/NP if urgent specialist referral is indicated**</b> <input type="checkbox"/> Photograph wound and file as per regional policy <input type="checkbox"/> Initiate wound record (use NISS form # WR-145.0)	
<b>Establish Treatment Goal</b> Wound is considered non-healable due to: <input type="checkbox"/> Severely impaired circulation <input type="checkbox"/> Patient at end of life <input type="checkbox"/> Other  Treatment goal: <input type="checkbox"/> Wound is covered with stable hard, dry eschar or dry gangrene -- <u>Goal: Maintain dry eschar</u> <input type="checkbox"/> Wound is covered with moist, boggy slough or wet gangrene -- <u>Goal: Protect and promote formation of dry eschar</u>	
<b>Wound Management</b> <b>** See formulary for specific product selection **</b> <input type="checkbox"/> <u>Clean and hydrate intact skin</u> <input type="checkbox"/> <u>If the goal is to maintain dry eschar</u> , cleanse the wound with enough betadine to remove any loose debris. Cleansing the wound with saline or soaking in tub/water is not recommended. <b>** Consult wound clinician nurse if dry eschar begins to lift or becomes moist / boggy **</b> <input type="checkbox"/> <u>If the goal is to dry the wound</u> , cleanse the wound with normal saline or water; pat dry to remove excess moisture. Soaking in tub/water is not recommended. <input type="checkbox"/> <u>Paint open areas and intact eschar with betadine</u> and allow to dry well. <input type="checkbox"/> <u>Apply a protective dry gauze dressing</u> , if required. <input type="checkbox"/> <u>Secure cover dressing</u> <input type="checkbox"/> Change dressing daily until a dry stable eschar is achieved, <b>OR</b> <input type="checkbox"/> 3 times/week when stable dry eschar is present <b>** Consult wound clinician nurse if moist eschar does not dry out **</b> <input type="checkbox"/> Reassess the wound at every dressing change and do a full wound reassessment weekly. At weekly reassessment take wound measurements and update wound record. <b>** Contact wound clinician nurse if wound area (L x W) increases **</b>	
<b>Counseling provided</b> <input type="checkbox"/> Confirm patient agrees with care plan _____ <input type="checkbox"/> Instructions for management/treatment and/or follow-up _____ <input type="checkbox"/> Risk factor reduction _____ <input type="checkbox"/> Address client concerns _____ <input type="checkbox"/> Patient/family/caregiver education _____ <input type="checkbox"/> Other _____	

