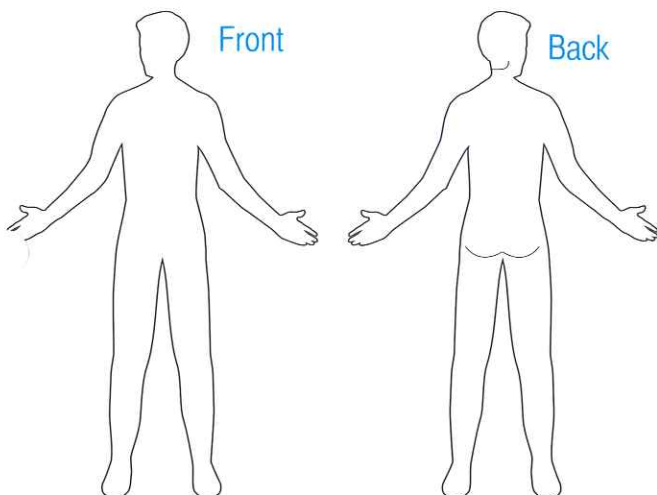


Applied Wound Management Assessment and Continuation Chart

Patient Identity	Date	Chart completed by
Patient Address	Unit No	G/P Consultant
	CHI No	Consent to images Yes <input type="checkbox"/> No <input type="checkbox"/>
	Location	Date next assessment



Initial Assessment - Type And Location Of Wound

Type of wound/s

Location of wound/s


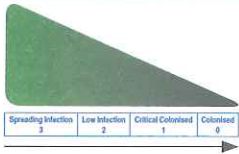
Wound pain present - Yes ☐ No ☐


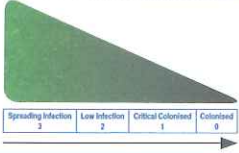
CONTINUAL ASSESSMENT - THE HEALING ZONE


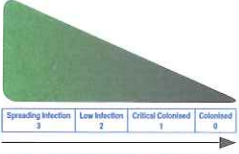
Please enter a cross from the total scoring of the two step continuums to see the overall healing progress of the wound


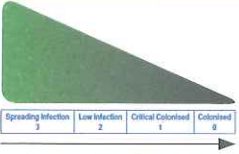
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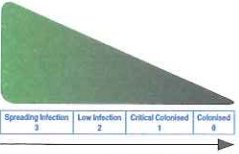
HEALING ZONE


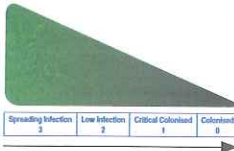
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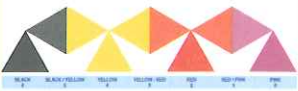
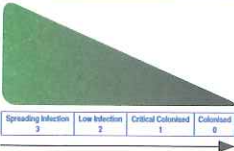
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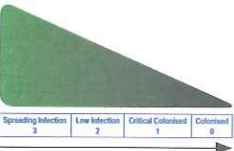
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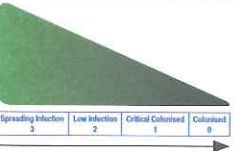
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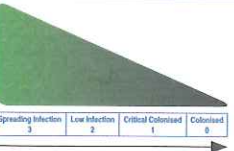
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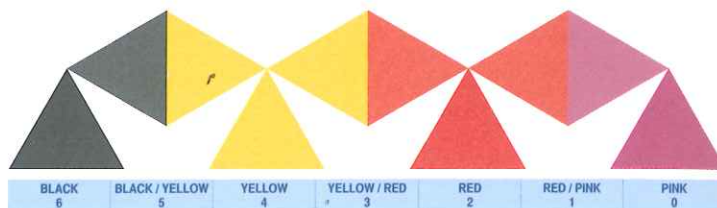
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STEP ONE - THE WOUND HEALING CONTINUUM

The Wound Healing Continuum is an aid to understanding the type of tissue present in a wound and how it should progress. Thought of as a continuum of colour changes (see the diagram below) from black to pink, it correlates with the healing of the wound. Not all wounds progress across the whole spectrum (for example not all wounds will have a black stage).

Using the Wound Healing Continuum

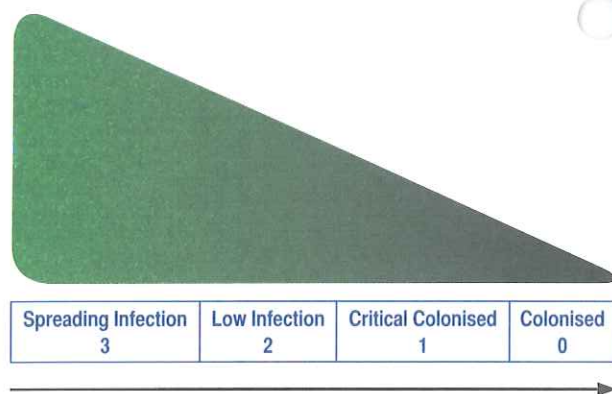
Identify the colour of the wound that is furthest to the left of the continuum. For example, if the wound contains yellow slough and red granulating tissue it would be defined as a yellow/red wound. The management plan would focus on removal of the yellow sloughy tissue and promotion of the red granulation tissue. As this objective is achieved, so the patient can progress along the wound healing continuum towards the right and therefore pink/healing status.



STEP TWO - THE WOUND INFECTION CONTINUUM

The Wound Infection Continuum is an aid to understanding the level of bacteria present in the wound. There are four criteria which work from left to right with the most severe, Spreading Wound Infection on the left (see diagram below). The continuum moves right, through Local Infection, Critical Colonisation to Colonisation.

Spreading Infection can be a life threatening condition. Local signs and symptoms associated with a spreading soft tissue infection include; spreading redness [greater than 2cm around the wound margin], very high exudate levels, pain, malodour, heat in the surrounding tissues and blistering. Localised Infection is characterised by less than 2cm of redness around the wound margin symptoms similar to spreading infection may also be present but to a lesser degree. Critical Colonisation is characterised by delayed healing, malodour and raised exudate levels; slough may also be present. However the wound will not present as if locally infected. A Colonised Wound is the normal healing state of a wound healing by secondary intention; a reduction in the wound size over a two week period would suggest an acceptable level of colonisation.



Using the Wound Infection Continuum

The Wound Infection Continuum is a simple sliding scale which can be used as an aid to clinical decision-making regarding the level of bacterial colonisation of a wound. A patient may never move to the furthest point on the right (Colonisation) on the continuum during their entire treatment. However, lower bacterial levels found in colonised wounds generally lead to better healing. The status of a wound which has a Spreading Infection, a Localized Infection or a Critically Colonised wound should be considered when developing a wound management plan.

STEP THREE - THE WOUND EXUDATE CONTINUUM

The Wound Exudate Continuum is an aid to quantifying wound exudate. The viscosity as well as the volume of the exudate can be an important indicator of a wound's status.

The gradings are High, Medium and Low for both and this allows wound exudate to be categorised by a score (see diagram below). For example, a low volume of medium viscosity would be a Low/Med category and would score 4, placing it in the Low Exudate portion of the continuum.

Using the Wound Exudate Continuum

When reviewing the wound, the exudate on the dressing and present in the wound should be assessed along with information relating to the number of dressing changes required over a 48-hour period.

Any wound assessed as having both high viscosity and high volume of wound exudate would score a full 10 points and be regarded as giving serious concern. It is likely that such a wound indicates a Spreading Infection, a sinus or a fistul formation or some other cause for concern. Any wound scoring 6 points would be regarded as requiring regular review. It may be that this finding is entirely consistent with the treatment applied e.g. the liquefying of wound slough.

	VISCOSITY		
VOLUME	HIGH 5	MEDIUM 3	LOW 1
HIGH 5			
MEDIUM 3			
LOW 1			

The wound may previously have been scored in the Red Zone and as such a score of 6 would indicate an improvement. Where a wound previously scored as 2-4 points and is observed to be in the Amber Zone (scoring 6 points) it may be showing early signs of Critical Colonization or the development of outright infection and should be treated appropriately.