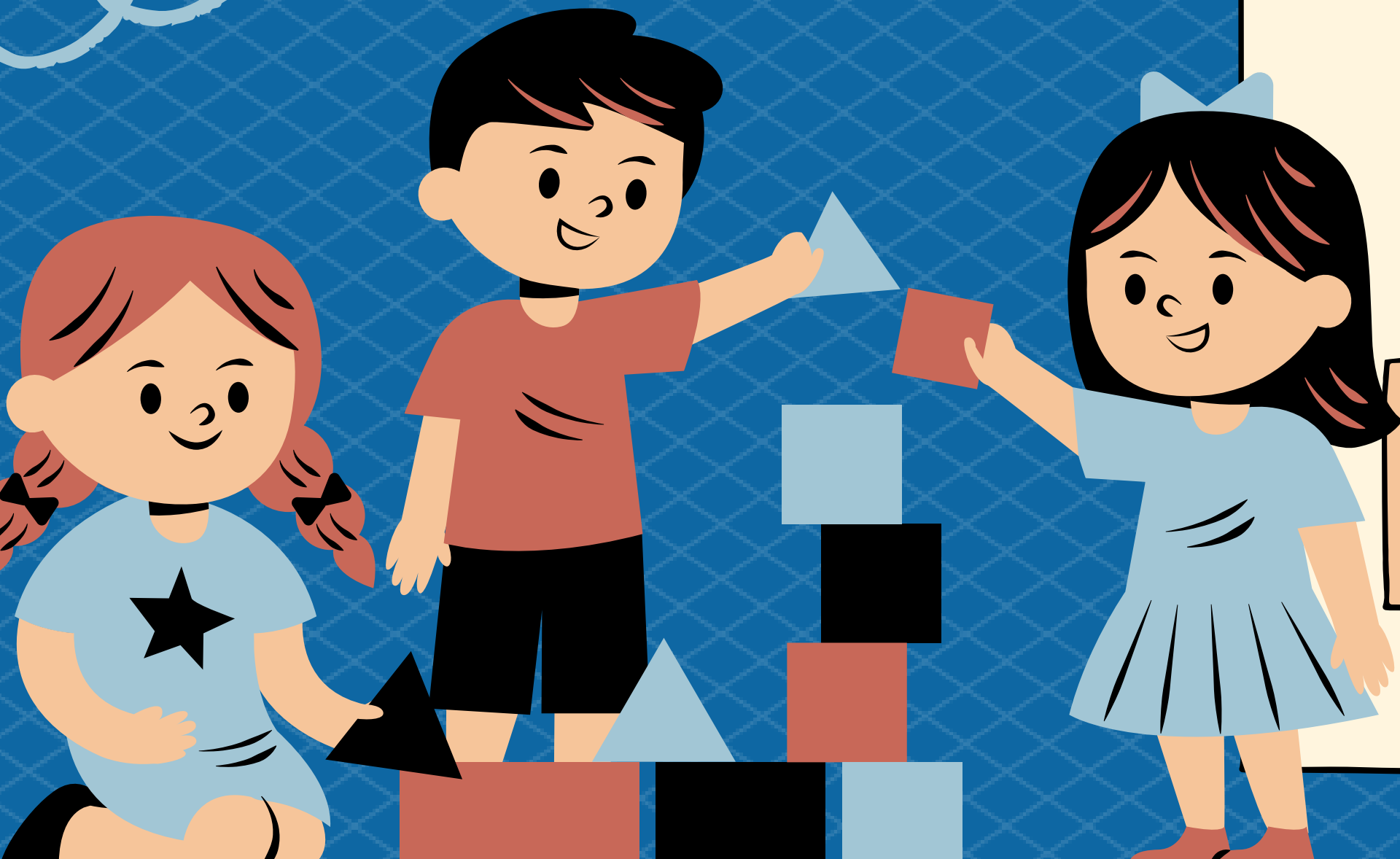


# Wound Specialist Services

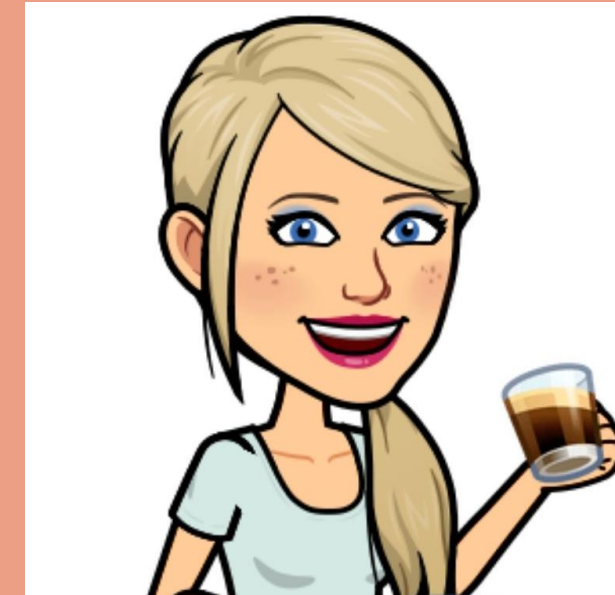
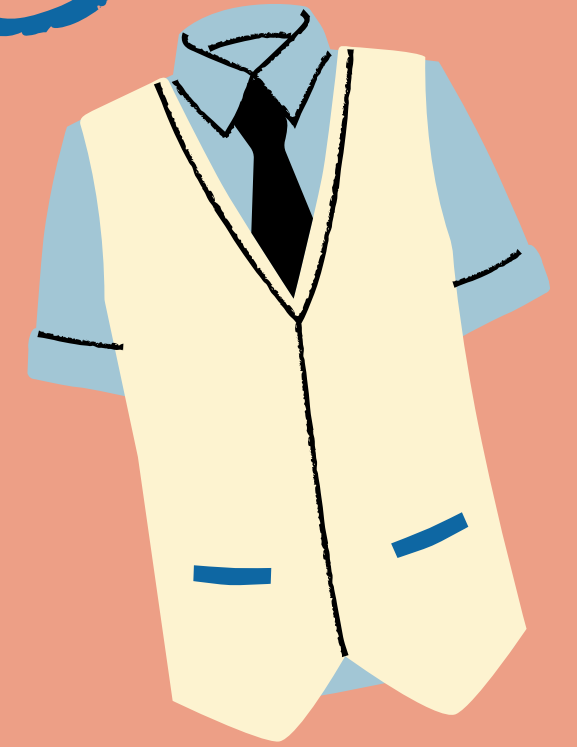
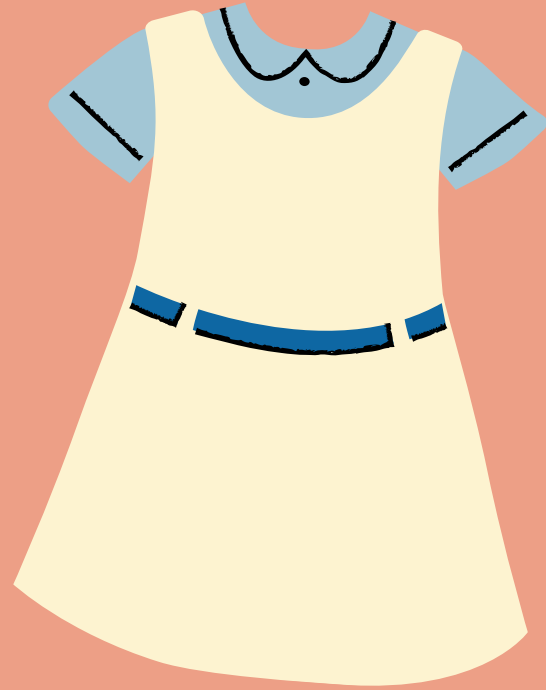
22 November 2023

# Knowledge to Practice

Wound Care  
Case Study Workshop



# Meet the Team



Dr Michelle Gibb

Founder & Director  
Nurse Practitioner

Sharon Whalley

Nurse Practitioner &  
Lymphoedema  
Therapist

Juliette Gibb


Business Manager

# Acknowledgements






# Welcome to Country

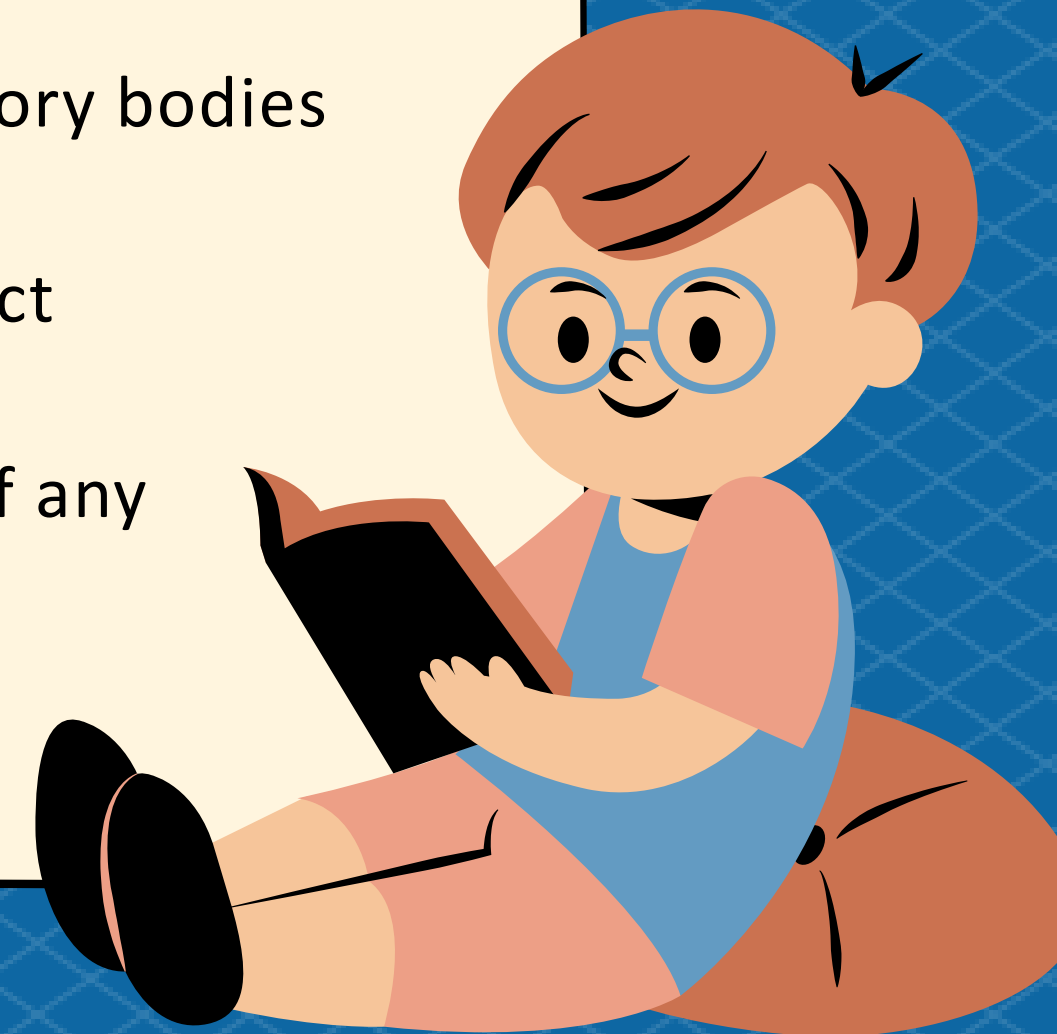
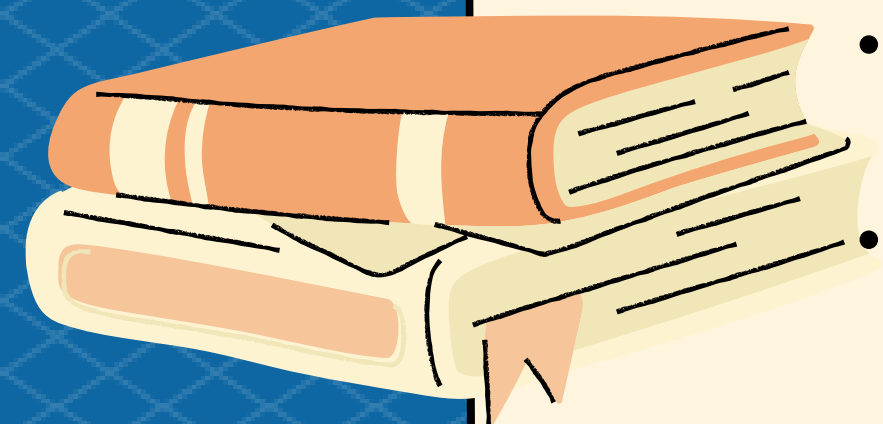
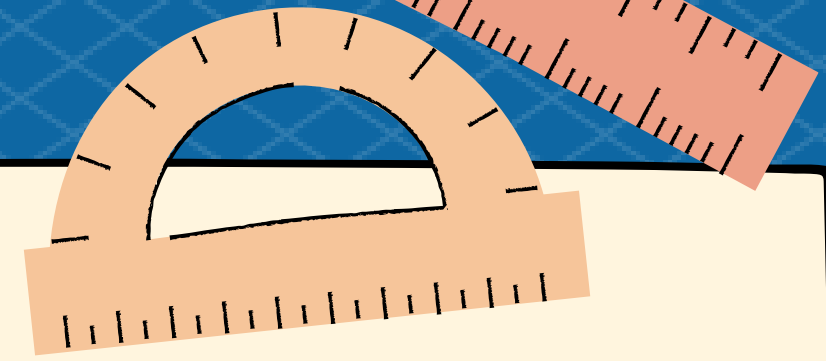


***We respectfully acknowledge the people of the Yugambah language region, the traditional owners of the land on which we meet and pay our respect to their elders past and present, and all Aboriginal and Torres Strait Islander Peoples here today.***



# Disclaimer

- The views expressed in this presentation represent best available evidence and/or the professional opinions of the presenters.
- The information presented is drawn from personal clinical experiences & does not necessarily reflect those of the companies.
- All photography used & the cases discussed have provided consent or are available to the public.
- Please refer to local protocols & standards set by regulatory bodies and peak bodies.
- Refer to manufacturer's instructions for use for all product application.
- The products discussed do not represent endorsement of any product or manufacturer.





# Learning Goals



## OUR FIRST GOAL

To increase confidence and knowledge of strategies to assess, manage and prevent common wound problems

## OUR SECOND GOAL

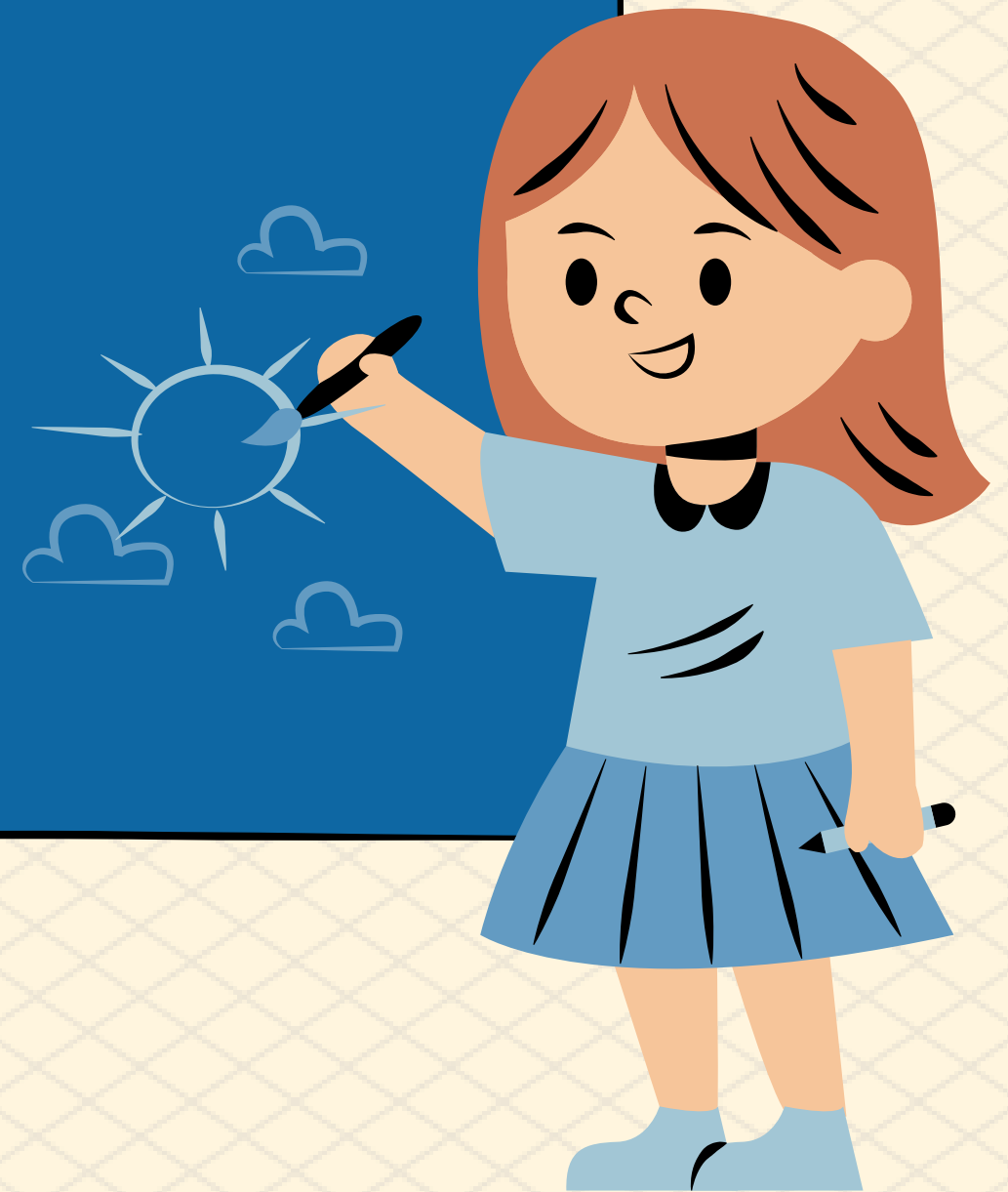
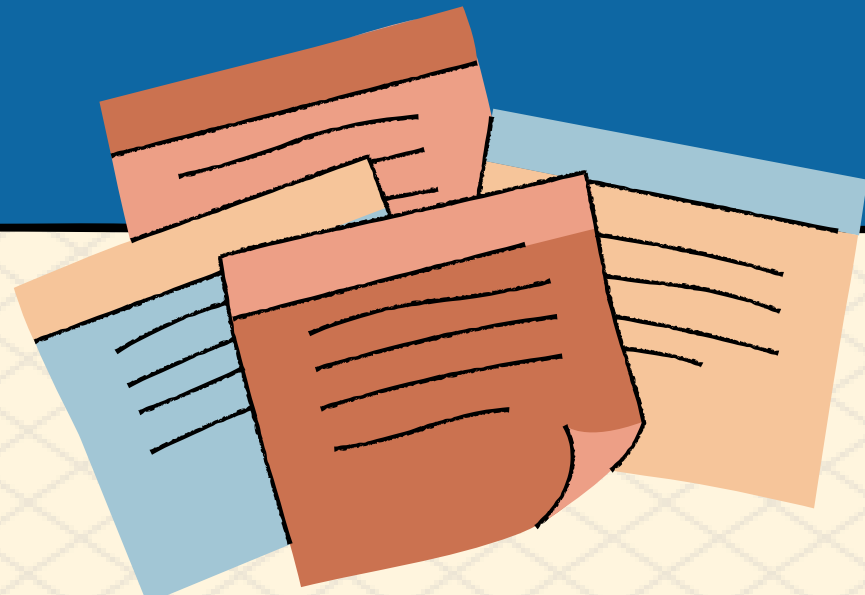
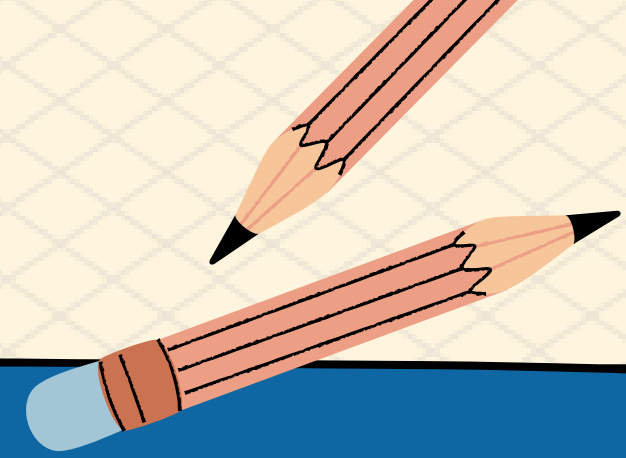
To enhance understanding of how to transfer wound theory into everyday clinical practice

## THIRD GOAL

To enhance knowledge of clinical documentation and understand how and when to refer patients

# Case Studies

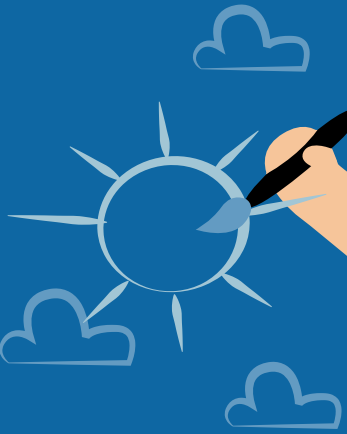
## Part 1

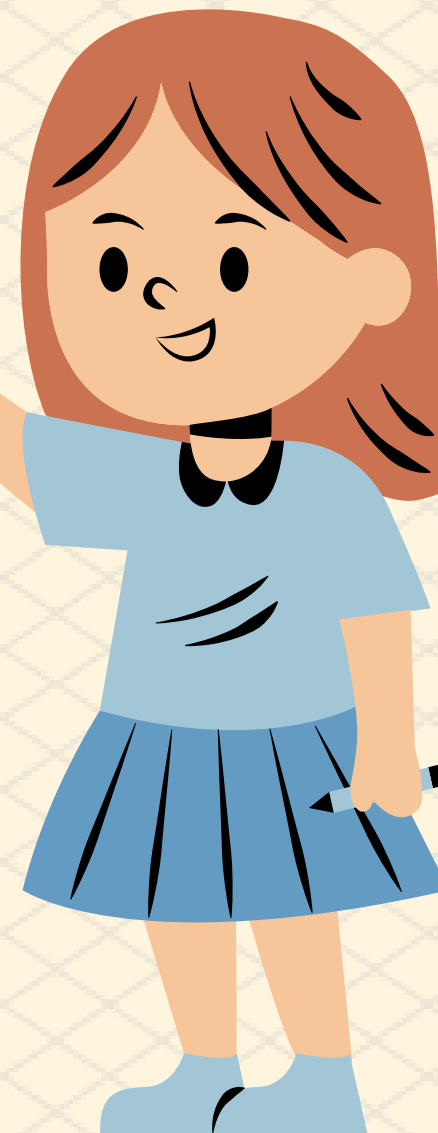




# Case Study Questions

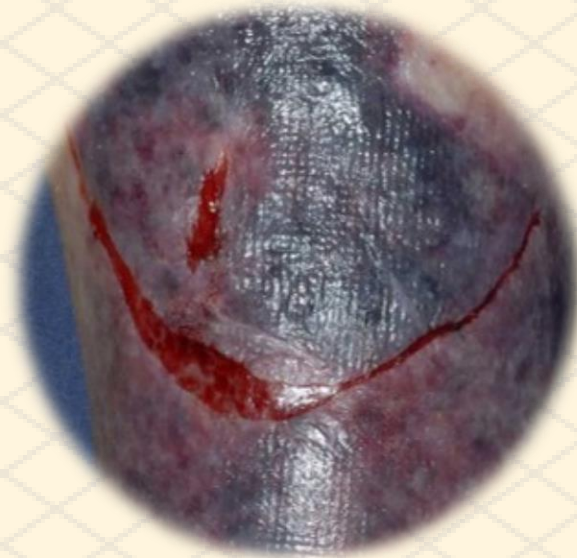


- What's the problem? (i.e. wound type)
  - What are the causes? (i.e. risk factors)
  - How could the problem have been prevented?
  - What are the solutions? (e.g. wound dressing selection, equipment, resources, education, referrals, etc)
  - What did you learn that you could put into your clinical practice?
  - How could you share what you have learned with others in the workplace?
- 





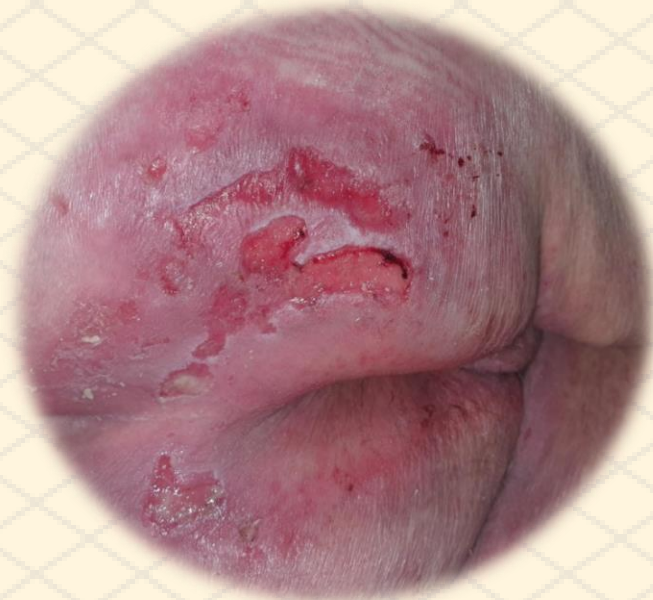
# Case Studies - 1



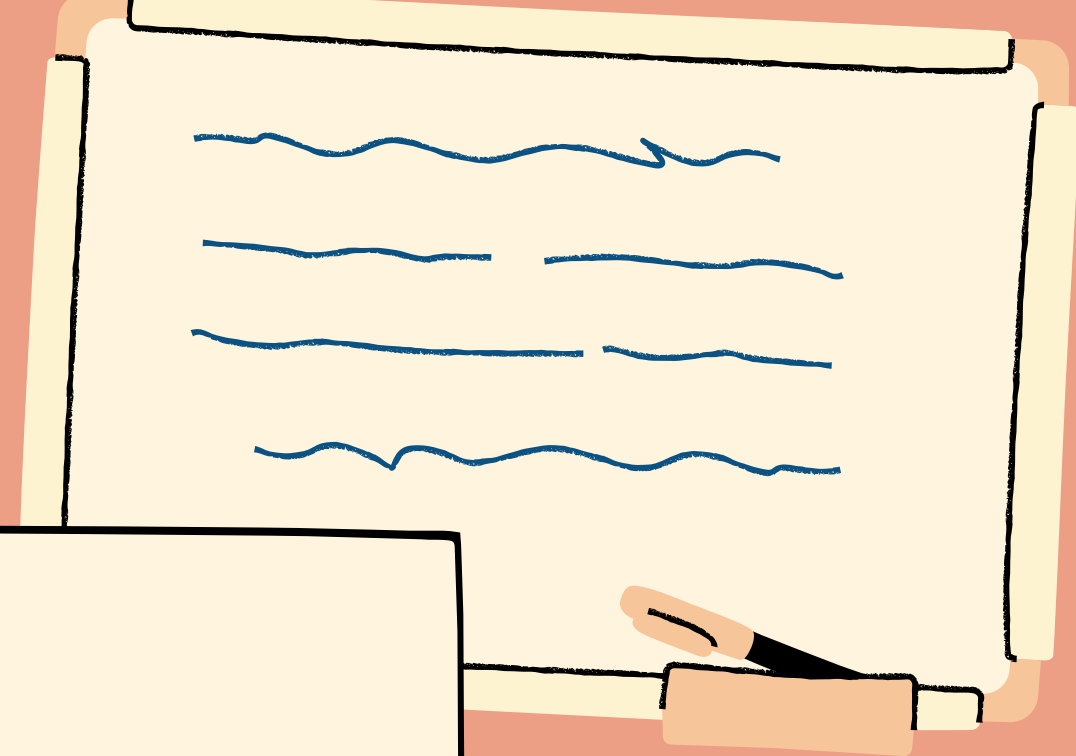
**Skin Tear**  
Sylvie



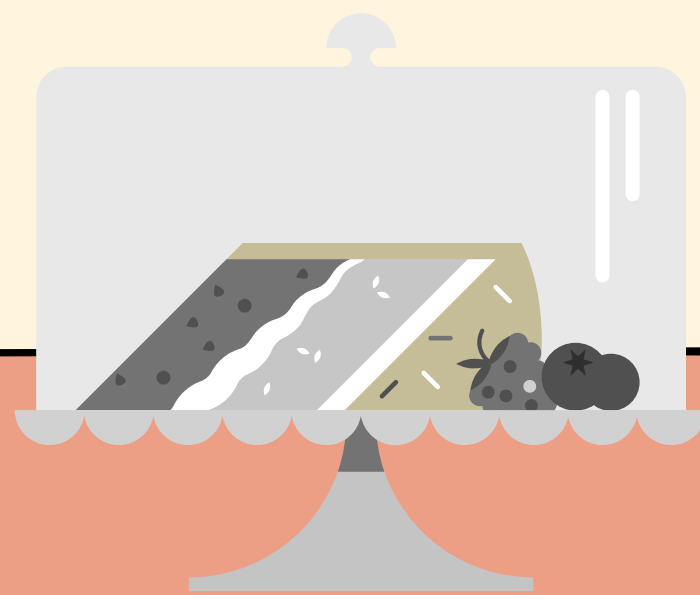
**Pressure Injury**  
Cynthia



**Incontinence Associated Dermatitis**  
Bob

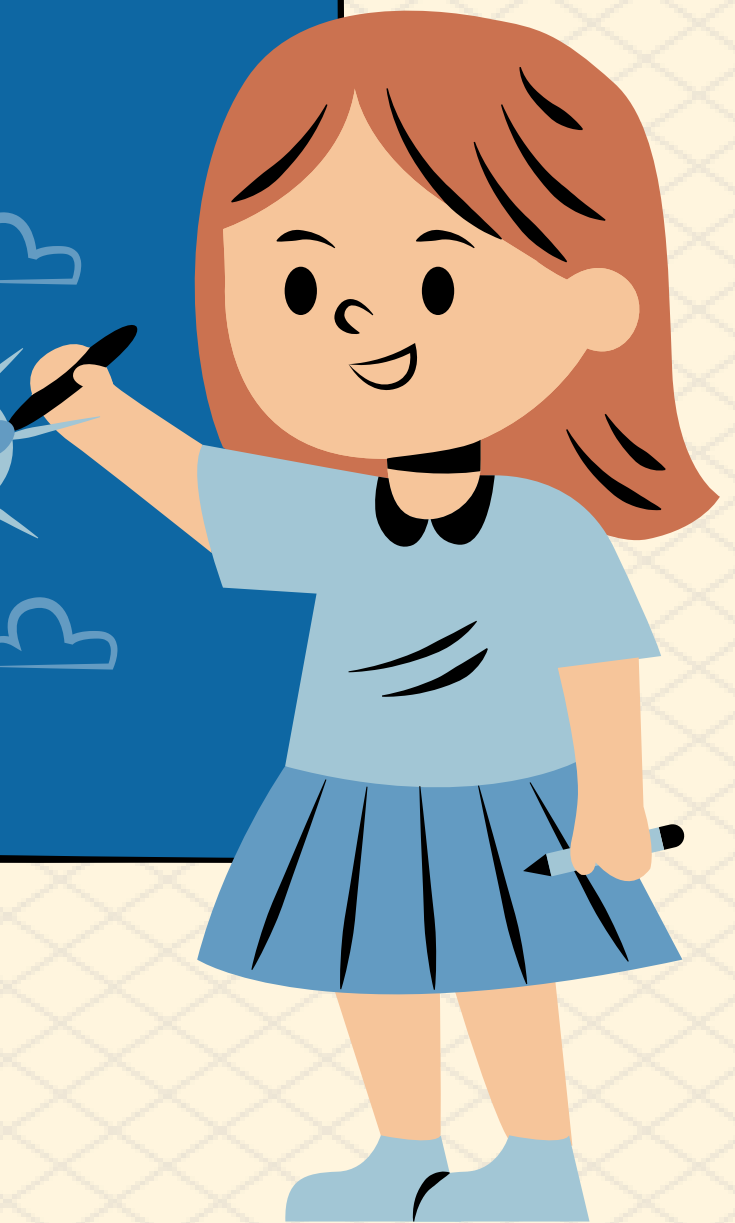
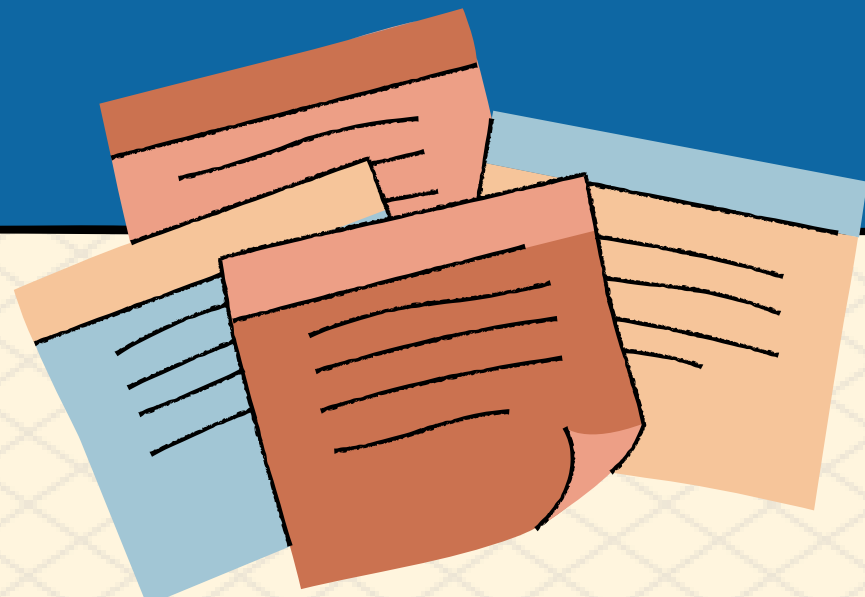
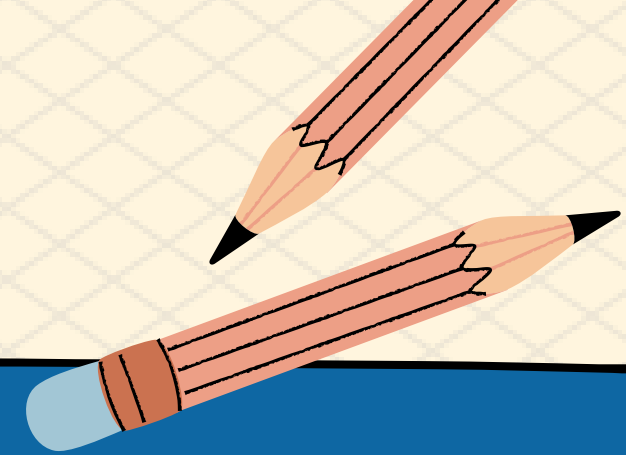
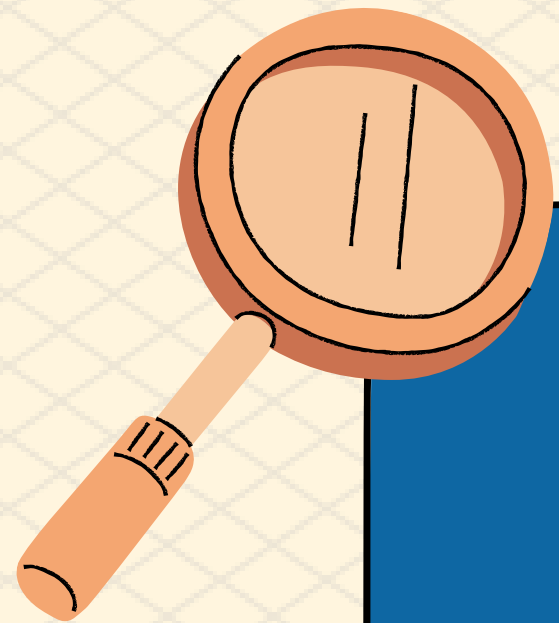


# Morning Tea



# Case Studies

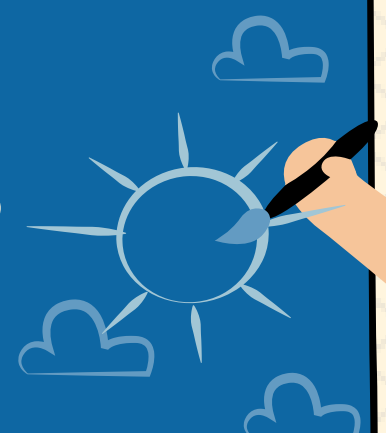
## Part 2

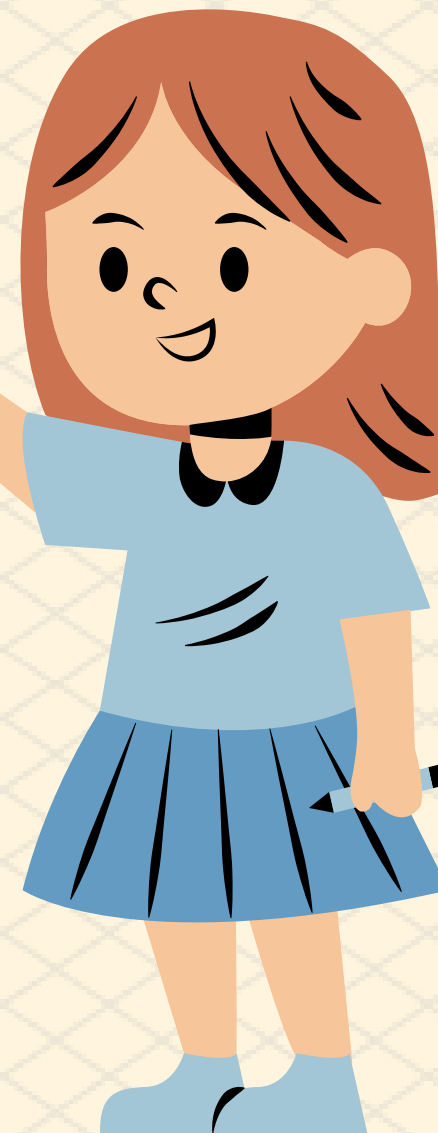




# Case Study Questions



- What's the problem? (i.e. wound type)
  - What are the causes? (i.e. risk factors)
  - How could the problem have been prevented?
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- 





# Case Studies - 2



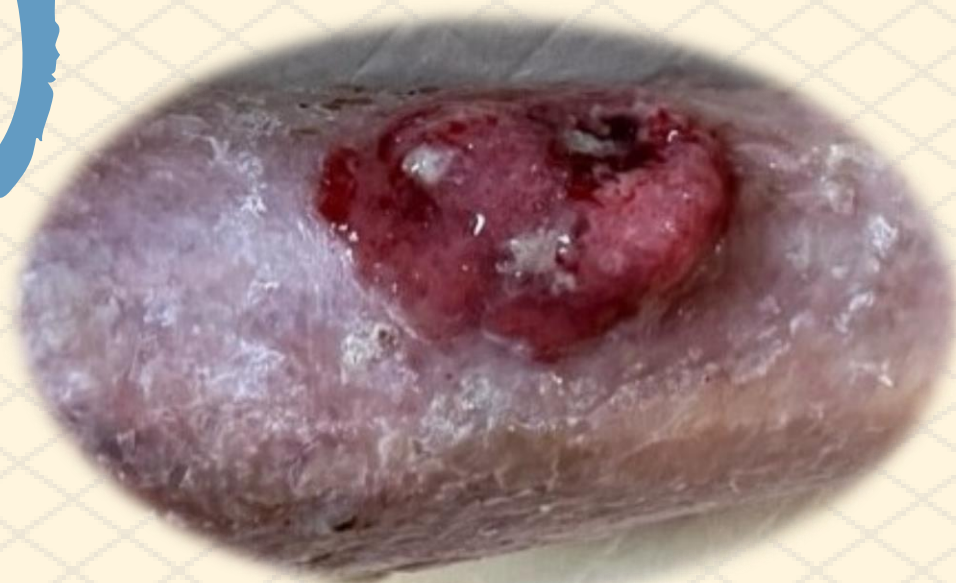
## **Surgical wound dehiscence**

Dot



## **Leg ulcer**

Edna

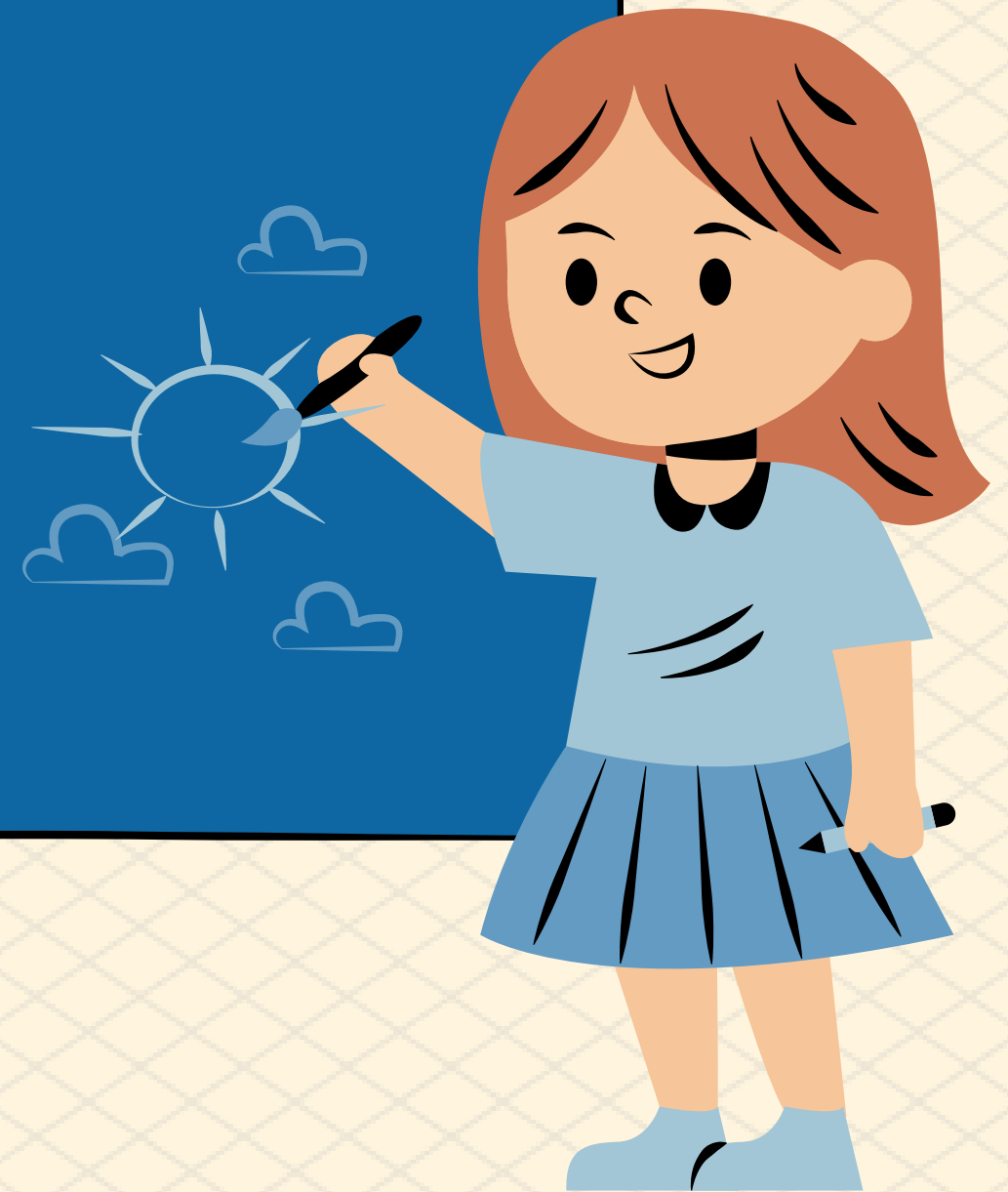
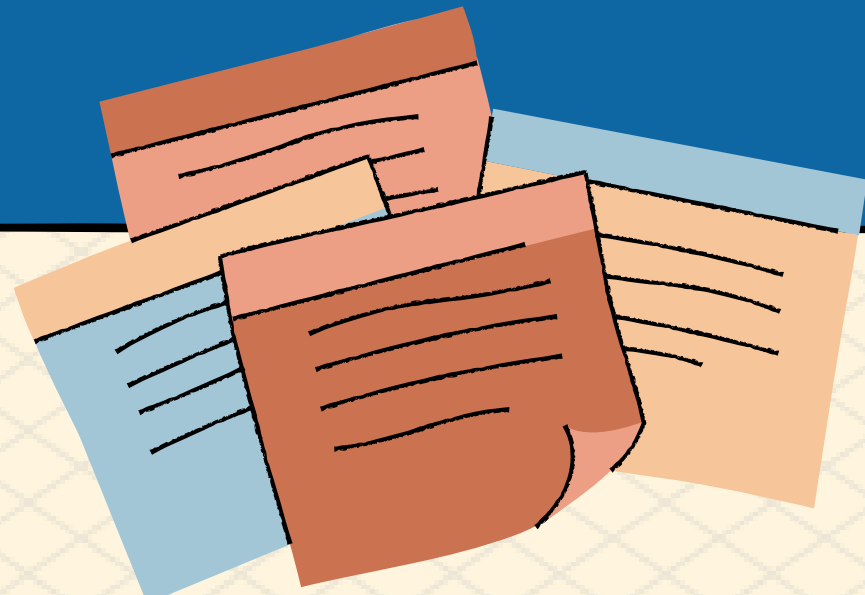
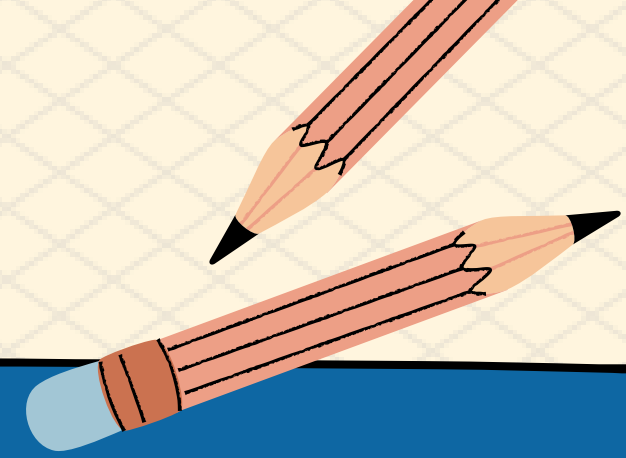


## **Malignant/fungating wound**

Albert



# Knowledge to Practice

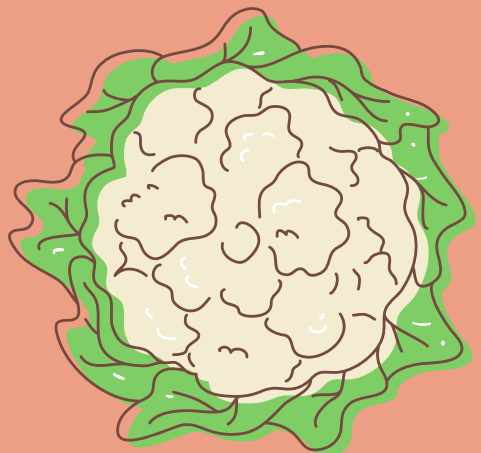
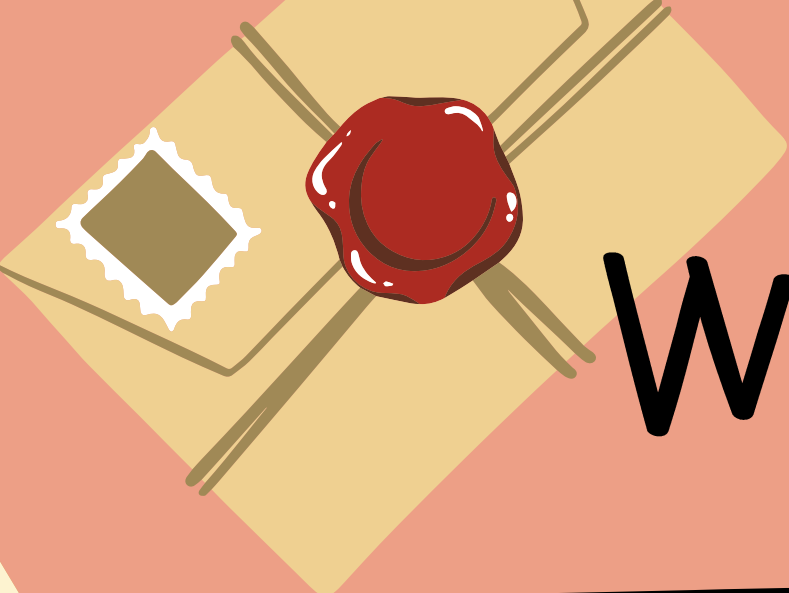


# Wounds Australia



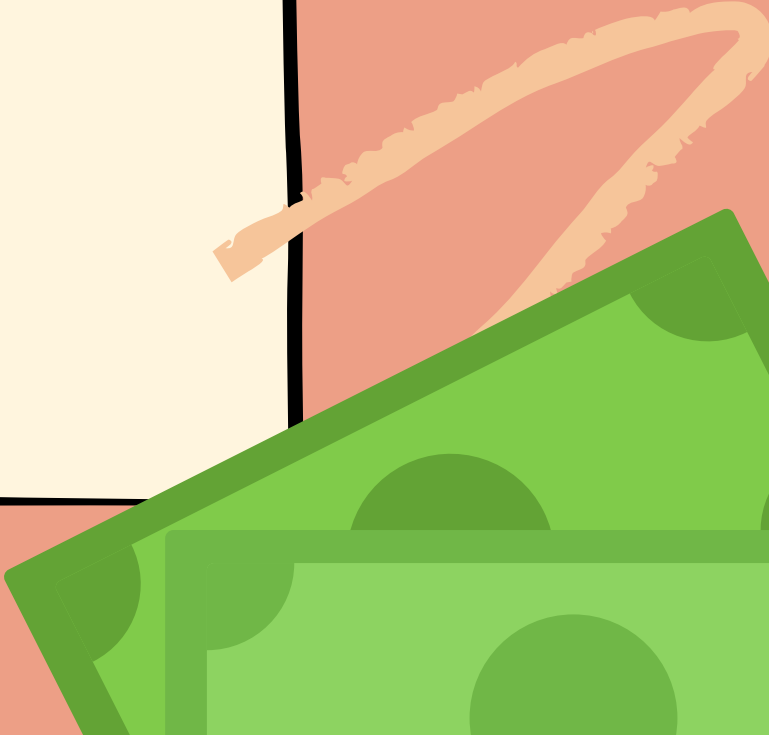
## Standards for Wound Management

### Standard 6

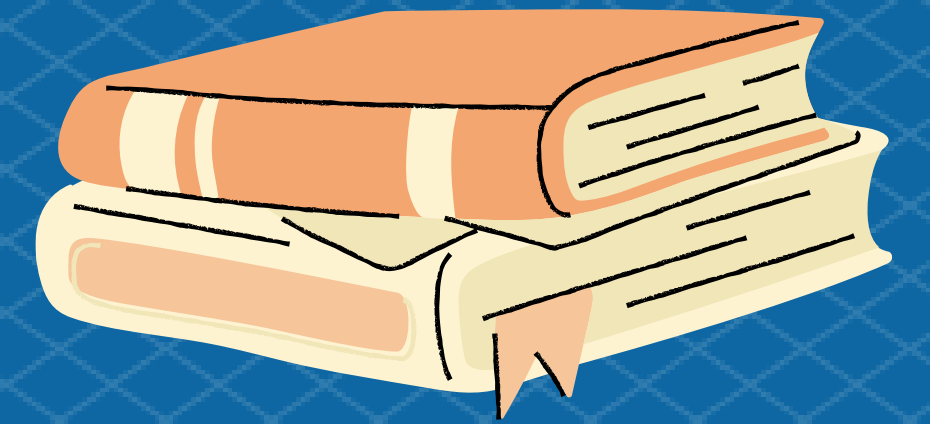
Wound-related documentation provides a legal, comprehensive & chronological record of assessments, investigations, wound prevention & management planning & monitoring, and evaluation at the individual & organisation level.



# Why document?

- 
- 
- 
- Provides relevant information about the person & their wound
  - Helps to monitor the healing process
  - Guides provision of holistic care
  - Enables evaluation of the success of wound care strategies
  - Legal requirement
  - Support for funding

# What is documentation?



## ELECTRONIC / COMPUTER RECORDS

E-health records  
Wound images

## PAPER DOCUMENTS

Progress Notes  
Wound Assessment Charts  
Risk Assessment Tools  
Medication Charts

## AUDIO & VIDEO- RECORDINGS

Videos  
Recorded conversations

# F.A.C.T.U.A.L



**F**ocused on the consumer

**A**ccurate

**C**omplete

**T**imely

**U**nderstandable

**A**lways objective

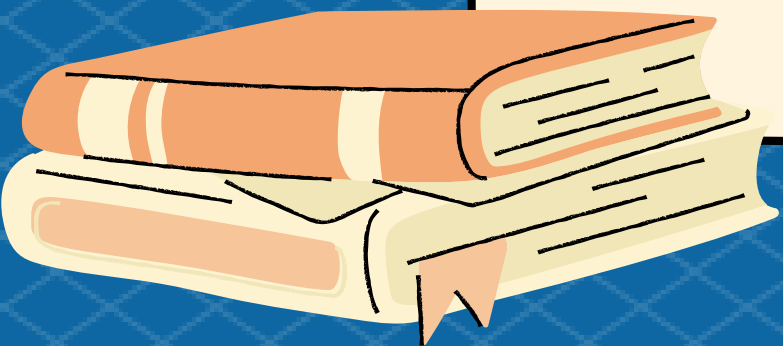
**L**egible





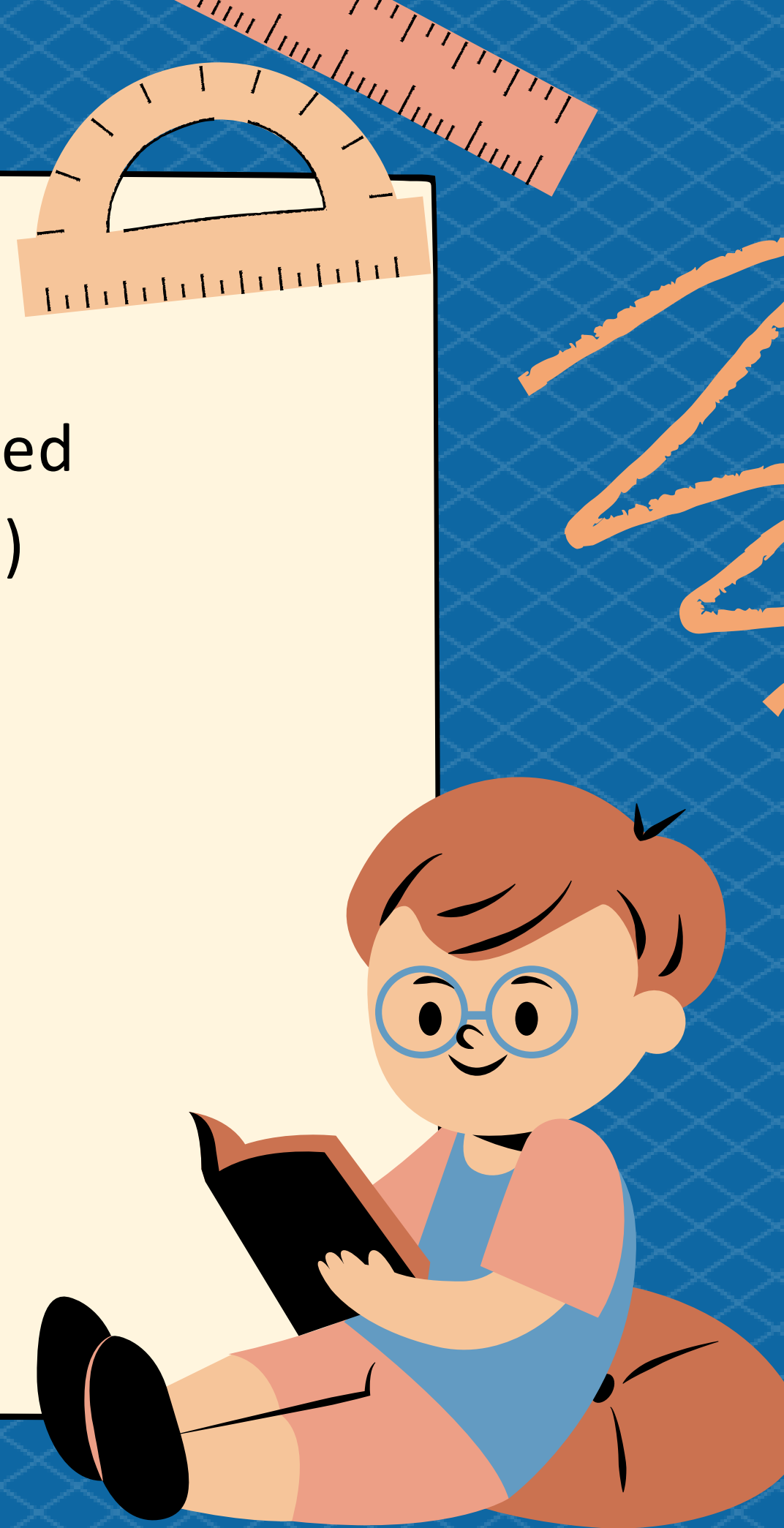
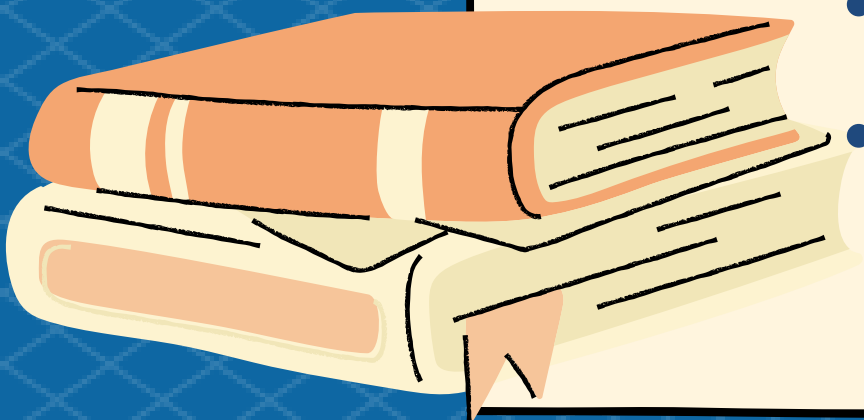
# What to record?

- Chief complaint (main problem)
- History of present illness (how long has it been there?)
- Past medical, family & social history (including any dressings or treatments that were effective/ineffective in treating past wounds)
- Review of systems (including any old wound sites)
- Physical assessment (appearance of the wound or presence of any skin conditions)
- Risk assessment tools & information obtained (e.g. Waterlow or Braden Scale)



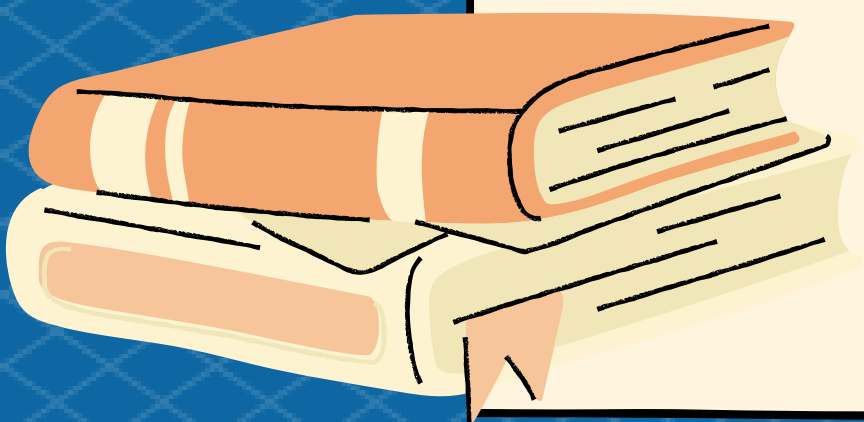
# What to record?

- Assessment tools used & information obtained
- Wound measurements (length, width, depth)
- Wound photos
- Procedures performed
- Supplies & tests ordered
- Details of consumer education provided
- Care plan
- Referrals
- Discharge or evaluation plan



# What to record?

- Anatomic location (where it is on the body)
- Wound classification (wound type or stage)
- Presence of oedema
- Exudate (amount, colour & consistency)
- Odour
- Colour & temperature of surrounding skin
- Type of tissue
  - Pink (epithelial)
  - Red (granulation)
  - Yellow (sloughy)
  - Green (infected)
  - Black (necrotic)
  - Percentage of tissue type



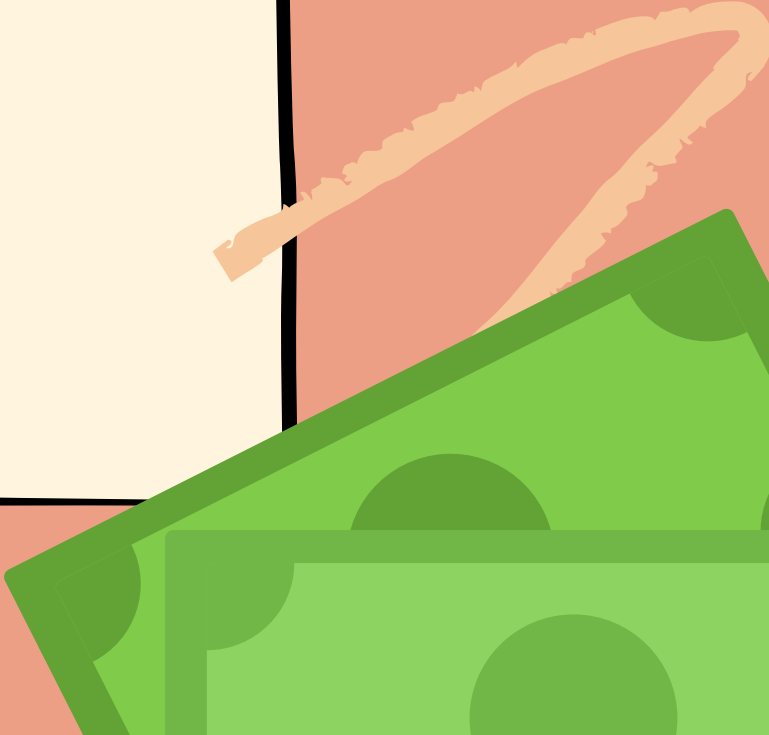


# What to record?

- Wound edge
- Pain
  - Location
  - Quality, pattern & character
  - Onset, duration, variations & patterns
  - Alleviating & aggravating factors
  - Present pain management regime
  - Pain management history
  - Effects of pain
  - Pain goal
  - Physical examination & observation of pain site

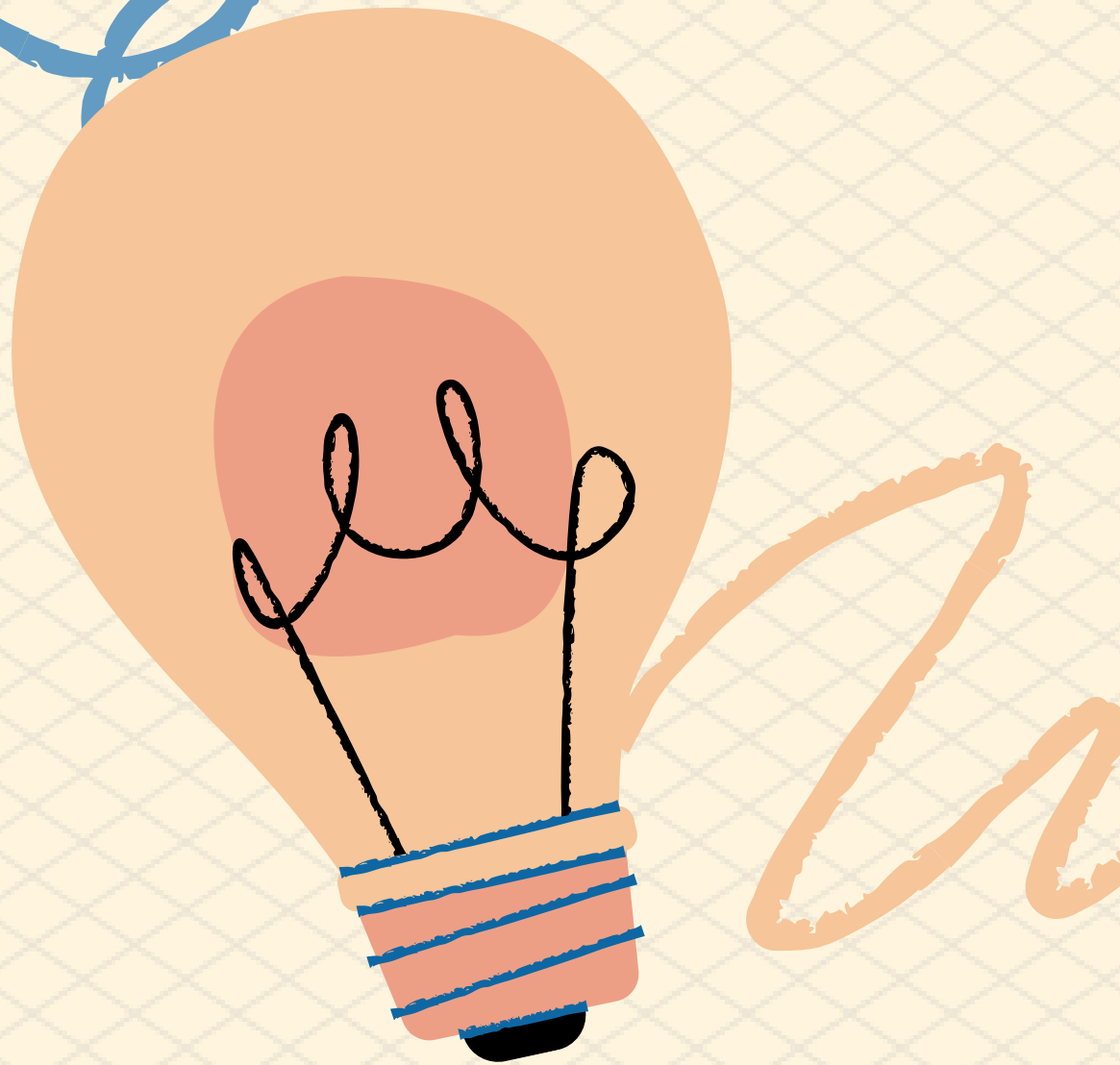


# Wound assessment tools

- 
- Provide a guideline & cues to guide wound assessment
  - Enhance communication
  - Document progress over time
  - Objective & more accurate
  - Standardised language
  - Useful teaching aid
- 
- 



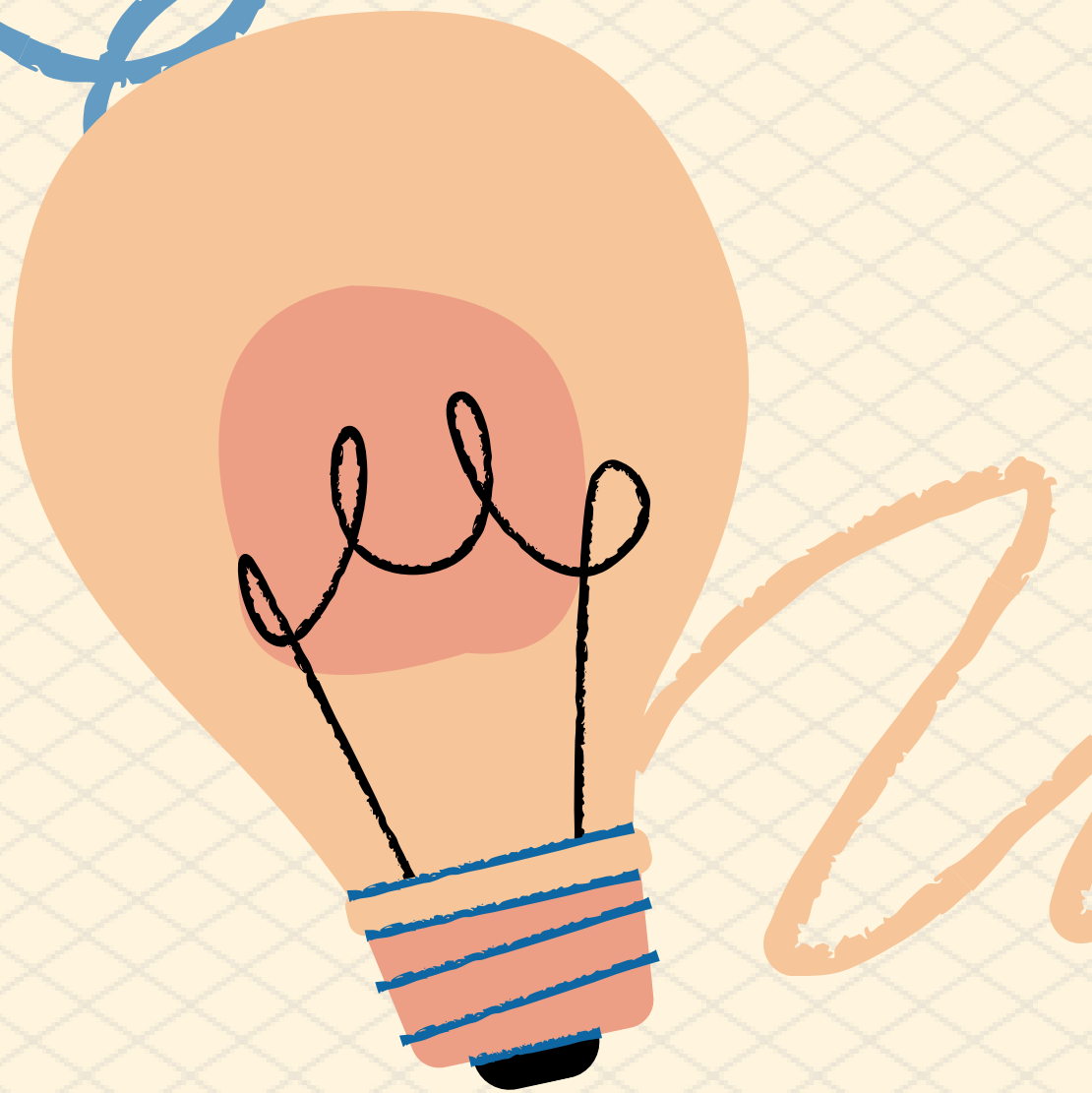
# Tips for effective documentation



- Use acceptable clinical terminology
- Use clinical pathways to enhance continuity
- Know limitations
- Develop policies & procedures for documentation
- Discard all 'sticky notes' & scrap paper
- Document all findings in a consistent place
- Document concurrently
- Ensure timely & complete documentation
- Establish/use documentation guidelines
- Organise thought processes before documenting
- Perform documentation audit
- Seek ongoing educational opportunities
- Understand the power of the pen or keystroke

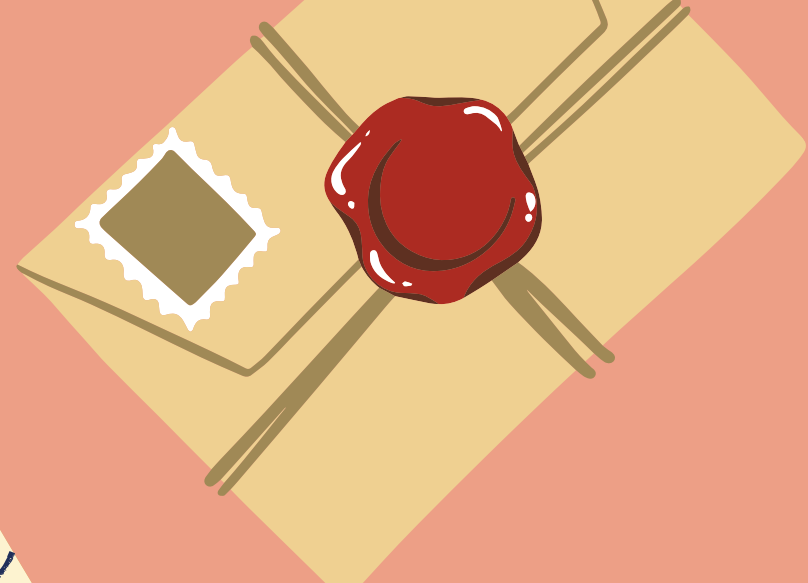


# Tips for effective documentation



- Understand responsibility for documentation
- Write legibly
- Write the consumer's name on all health records
- Read other health professionals' notes
- Make entries consecutively
- Write complete date & time of each entry
- Be concise & factual
- Use consumer's own words in describing symptoms
- Only use acceptable abbreviations
- Chart only in ink
- Sign every entry with print name & title





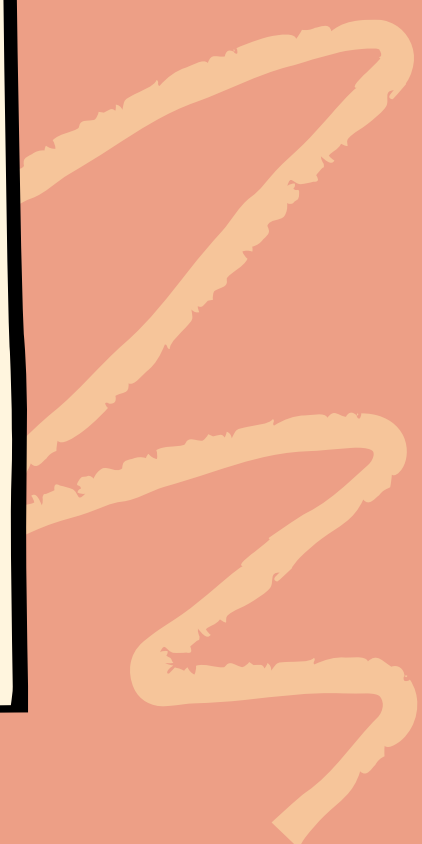

# What NOT to write!



R L R small middle finger bugged.

A well-known, unshaven, unkempt, foul smelling, slightly cyanotic 62-year-old alcoholic gentleman was carried into our emergency room by three million lice, all screaming, 'Please save our host!'

(unknown MO comment made in civil jury trial USA 1977)



# When to Refer

- No signs of improvement within 2 weeks despite best practice
- Uncertainty in diagnosis
- Complicated wounds
- Signs of infection not responding to antimicrobial therapy
- Wound can be probed to bone
- Wound deteriorates or new ulcers occur
- The wound appears ischaemic
- Benefit from surgical intervention
- Symptoms limit lifestyle & quality of life
- Beyond your practice scope or just not sure what do



WOUND SPECIALIST  
Services

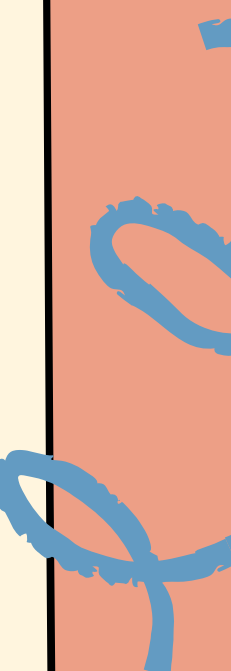
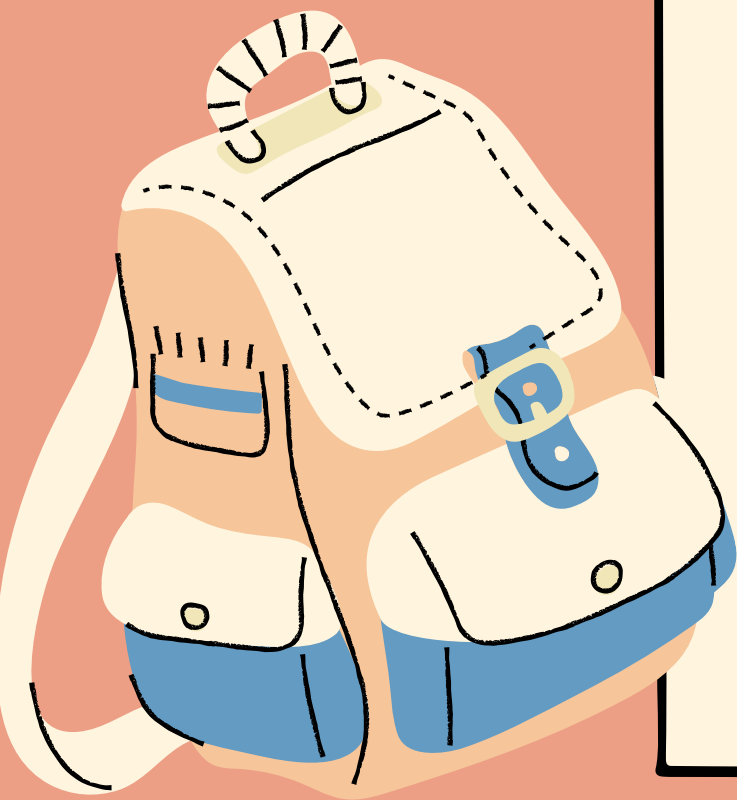
# Referral Process

1. Book appointment  
P: 07 3289 3102  
E: [info@woundservice.com.au](mailto:info@woundservice.com.au)  
W: [www.woundservice.com.au](http://www.woundservice.com.au)
2. Email or upload:
  - Patient Intake Form
  - Medication & Health Summary
  - Wound photo(s)
3. Appointment confirmed
4. Connect to consult
5. After the consult



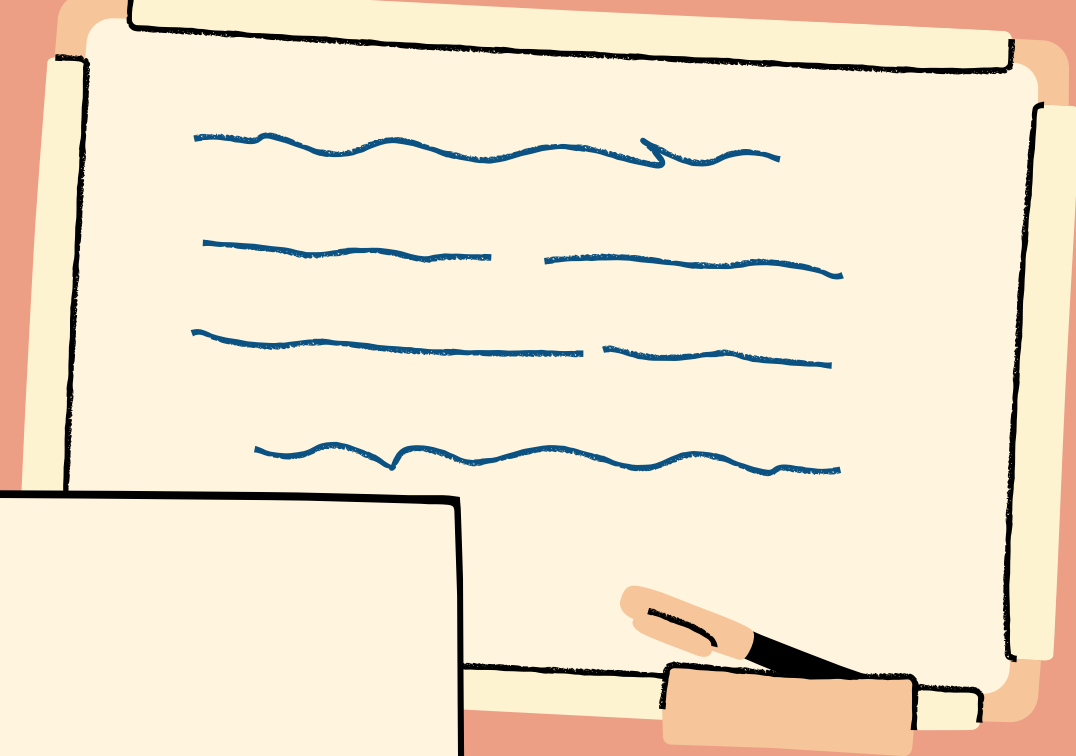


# Thanks again!





*Next workshop:  
Friday 1 March 2024*



Scan the QR code to complete evaluation



Thank You!

[info@woundservice.com.au](mailto:info@woundservice.com.au)

P: 07 3289 3102

[www.woundservice.com.au](http://www.woundservice.com.au)

