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GUIDELINE SUMMARY
June 2011

Assessment of Surgical Wounds

Client Concerns

- Understanding of wound healing / risk factors & motivation to adhere to treatment plan.
- Impact on daily life / body image
- Psycho-social / financial/ mental health concerns & supports
- Impact of environment
- Client / family preferences for treatment.

Risk Factors Affecting Healing

- Poor nutritional status (under/over weight)
- High risk medical conditions such as diabetes & those that cause impaired oxygenation &/or poor perfusion
- Advanced age
- Smoking / ETOH / drug use
- Poor mobility / activity
- Surgery > 2 hours; excessive blood loss

Presentation of Primary Intention Wounds

- Should be well approximated incision closed with sutures/ staples/steri-strips; no exudate
- If exudate present note type & amount
- Post-op drain usually insitu
- Acute inflammatory response / edema POD4 (normal healing response)
- Presence of healing ridge POD 2-4 (normal healing response)
- Watch for S & S of hemorrhage/deseccence/ eviseration
- Note type, location, frequency, quality, severity & impact of wound pain; analgesic effect



Presentation of Secondary Intention Wounds

- Can occur anywhere along the incision line
- May have undermining, sinus tracts
- Note if wound probes to bone
- Note appearance of wound bed (% tissue type/ wound edges / peri wound skin)
- Note amount & type of exudate/odour after cleansing
- Post-op drain may be insitu
- Note type, location, frequency, quality, severity & impact of wound pain; effectiveness of analgesics

Infection w Primary Intention

- Localized swelling / induration / erythema / heat
- Increasing pain
- Presence of abscess or opening in incision
- Purulent drainage from a drain/ incision
- Spontaneous dehiscence
- Unexplained ↑ WBC count / fever / malaise

Infection w Secondary Intention

- Link to Surgical Wounds DST

Treatment of Surgical Wounds

Client Care Management

Wound Management

Client Concerns

- Care plan reflects client abilities, concerns & preference for treatment
- Refer to SW for financial & psycho-social concerns / emotional support & counselling

Pain Relief

- Teach client to act on new or worsening pain.
- Coordinate care with analgesic administration
- Administer regular analgesic in appropriate doses
- Minimize dressing changes if possible and use easy-to-remove dressings
- Encourage repositioning / use support devices to reduce pressure over painful areas
- Use non-drug approaches to relieve pain
- Reassess pain regularly & refer if not well controlled

Address Risk Factors

- Ensure good nutritional care
- Support ETOH / smoking cessation
- Support adherence to medication regimen
- Encourage adequate medical follow-up for pre existing diseases
- Refer to PT for mobility / exercise plan if indicated

Client Education & Resources

- Provide strategies for managing pain
- Provide education & resources so client & family can address risk factors
- Support client to recognize S & S of infection

Wounds Healing by Primary Intention

- Adhere to hand washing protocols
- Use appropriate aseptic technique
- Keep surgical dressing in place 48 hours unless otherwise indicated
- Reinforce if drainage evident in first 48 hours
- Monitor for dehiscence
- May use dry sterile dressing after 48 hours if indicated
- Manage wound drains if present
- Reassess incision at every dressing change
- Refer to physician/NP if incision deteriorates

Wounds Healing by Secondary Intention

- Adhere to hand washing protocols
- Use appropriate aseptic technique
- Cleanse / irrigate the wound
- Use autolytic debridement if indicated
- Support moist wound healing & keep peri wound skin dry
- Manage wound drains if present
- Reassess wound at every dressing change; weekly full assessment as per care plan
- Refer to Wound Care Clinician, physician/NP if wound deteriorates

Wound Infection

- Monitor for S & S of wound infection
- Refer if infection present or wound probes to bone
- Use appropriate anti microbial dressings
- Debride non viable tissue on healable wounds

Discharge Planning

- Initiate discharge planning during initial client encounter
- Ensure continuity of care across sectors
- Support timely discharge & client independence

Intended outcomes met

Client Outcomes

Intended outcomes not met

