P037 – Wound Management

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| Version | Approved: | Comments | Next review date |
| 1.0 | 01/09/2017 | Reviewed 15/05/2020 | 01/09/2020  15/05/2022 |

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| Applies to: |
| All staff |

# PURPOSE

The management of First Call Nursing is committed to high standards of ethical conduct and accordingly places great importance on the wellbeing of clients.

# POLICY

Clients with skin conditions will be appropriately assessed and monitored. Wound and skin care management will be consistent with the contemporary practice, promotes wound healing and is aligned with the infection control policy and procedures.

A holistic approach will be adopted in the assessment and monitoring process and the care plan will be clearly documented and communicated in the client’s support plan.

The client’s GP will be consulted with in regards to the management of the client’s wound and skin care management, and where required, referral and consultation with the wound specialist nurse or doctor will be made (in consultation with the client and/or representative) if the wound healing is slow or has deteriorated.

**First Call will:**

• Provide relevant staff with training related to Wound Management;

• Record completion of training on the Staff Training Register.

• Co-producing a wound management plan, where appropriate, in consultation with the client and/or representative, GP and allied health (wound specialist nurse or treating team);

• Liaising and coordinating care with the client’s preferred GP and allied health (wound specialist nurse or treating team);

• Assisting the client with budgeting for any external services or purchase of wound products;

• Reviewing the wound management plan with the client and/or representative as per individualized plan.

**The Nurse (EN, EEN or RN) will:**

• Ensure the wound assessment and management is consistent with the contemporary practice;

• Accurately document the wound assessment and management plan;

• Adhere to the client’s individualized skin and wound care management plan;

• Report and consult any changes to the skin and wound condition to the GP and wound specialist (where required).

• Ensure any skin or wound products are used with minimal wastage.

**Support staff will:**

• Maintain the client’s skin integrity through pressure area care and report to the Office/Nurse for early identification of pressure sores and skin breaks.

• Adhere to the client’s individualized skin and/or wound management plan.

• Report to the Office/Nurse of any abnormalities to the client’s skin or wound (i.e. Increased pain to the wound site despite already taking pain medications, reports of fevers, signs of dehiscence, swelling, offensive smell, dressing requires changing by the registered nurse due to saturation of fluid etc);

• Document the abnormal observations made in the progress note and what was done about it.

# PROCEDURE

1. Identify cause (medical history, clinical examination, investigations)

2. Reduce or eliminate factors causing the wound

3. Select and apply topical treatment/dressings

4. Plan, implement and evaluate an individual care plan with the client and/or representative and other key health care professionals

# DOCUMENTS

P001 Complaints and Feedback

# FORMS

F017 - Incident / Complaint Form (Accident/Near Miss)

F022 - Hazard Report Flowchart

F026 - Carer / Client Survey

F006 - Staff Review and Random Check

F003 - Feedback on Condition

F005 - Employee Discussion

F053 Assessment and Support Plan

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| G:\Logo AND Letterhead\Logo new\First Call Nursing - Logo.jpg | Assessment and Support Plan Date: |

This form is to be filled out by the consumer or the consumer’s family/representative it is only intended for informal information gathering and does not constitute a Medical Assessment or legal document. Your information will greatly assist us in providing the best possible care / service.

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| --- | --- | --- |
| Client/Participant Name: | Date of Birth: | Phone: |

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| --- | --- |
| Address: | Email address: |

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| --- |
| **Contacts** |

|  |  |
| --- | --- |
| Family/Friend/Carer: | Phone: |
| Doctor | Phone: |
| Pharmacist: | Phone: |
| Advocate: | Phone: |
| Other: (**SES) 132 500 Weather emergencies. 000 for all emergencies** | Phone: |
| End of Life Directive: Resuscitate or Do not Resuscitate | |

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| **In the case of an emergency:** |

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| Have you got an emergency plan? Yes | Details: |
| Who do you want First Call to contact? | Details: |

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| --- | --- | --- | --- | --- |
| Tasks of Self Care - do you need assistance with? | | |  | |
| Getting in/out of bed:  Yes/No | | Transferring:  Yes/No | Bath/Shower:  Yes/No | Dress / Undress:  Yes/No |
| Toileting/Incontinent:  Yes/No | | Walking / Mobility:  Yes/No | Meal Preparation:  Yes/No | Eating:  Yes/No |
| Comments: |  | | | |

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| Tasks of Daily Living – do you need assistance with? | |  | |
| Shopping / Banking:  Yes/No | House work:  Yes/No | Use of Telephone:  Yes/No | Transport:  Yes/No |

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| --- | --- |
| Health issues: |  |
| Allergies & reactions: |  |
| Any wounds/skin breaks/infections: |  |
| Are there any risks identified in providing this service to you or First Call Nursing? E.g. environmental – location -behaviours |  |
| Are there any personal risks (e.g. choking) that First Call Nursing need to be aware of in providing this service? |  |
| How do you want First Call Nursing to manage this risk? |  |

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| --- | --- | --- |
| Assistance required with communication? | | |
| Verbal:  Yes/No  Yes? - Details: | Hearing Impaired:  Yes/No  Yes? - Details: | Visually Impaired:  Yes/No  Yes? - Details: |
| Preferred language: |  | |
| Cultural/ethnicity needs and/or requirements? |  | |

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| **Medication**  *Please note, by law medications can only be dosed out by a Registered Nurse or Doctor. Any assistance with medications are to be done with a Blister or Webster pack which has been pre-dosed.* |

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| Assistance with medications    Where are they kept? | If yes, please list below details of pre-dosed medications.  Time of day to be taken? |
| Medication treatments and/or intervention directions: |  |

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| **Dietary Requirements:** |  |

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| **Equipment and environment (Home)** |

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| --- | --- | --- |
| Wheelchair Yes/No | Walking Frame Yes/No | Walking Stick Yes/No |
| Hoist Yes/No | Shower Chair Yes/No | Commode Chair Yes/No |
| Hand Held Shower Yes/No | Shower Rails Yes/No | Toilet Rails Yes/No |
| Ramps Yes/No | Smoke/fire detector  Checked: Yes/No Date: | Mobile phone reception Yes/No |
| Electricity outage / failure | Home maintenance | Other risks: |

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| **Preferred service times:** |

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| --- | --- | --- | --- | --- | --- | --- |
| **MON** | **TUES** | **WED** | **THUR** | **FRI** | **SAT** | **SUN** |
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**Something to think about regarding my support care:**

How best can First Call Nursing support you?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What sort of support might improve my day to day life? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What do I enjoy doing most?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What support/assistance do I need to stay safe?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Where and when do I want support?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How does this fit in with the help my carer is currently providing me? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **Requested assistance with:** | **Expectations/Outcomes/Goals** | **How? – actions to achieve:** | **Person responsible** | **Comments / Results** |
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| Service description: |  |
| What are your life goals? |  |
| Action to be taken if Client/Participant is not home or does not respond to scheduled visit: |  |
| Community goals: |  |
| Religious/Cultural values requirements: |  |
| How will First Call Nursing know if we are meeting your expectations? |  |
| Do you have any First Call support staff preferences? Yes/No |  |
| Comments: |  |

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| Did you have your rights explained? Yes/No |  |
| Do you understand your rights and responsibilities? Yes/No |  |
| Do you have a signed Service Agreement Yes/No |  |
| Did you have First Call’s Complaint’s Policy explained? Yes/No |  |
| Do you understand your right to make a complaint? Yes/No |  |
| Do you know how to make a complaint? Yes/No |  |

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| Agreement and Consent |
| This Care Plan has been fully explained to the Client/representative and a copy has been provided: |
| **Please note:** Whilst every attempt is made by First Call Nursing to provide the services at the above times, sometimes events outside our control may cause these times to vary, for example staff illness, heavy traffic, weather conditions to name but a few.  Every attempt will be made to notify the Client/representative of any changes. Alternative arrangements for example – a later service on the same day will be made with Client. |

This form is a record of your consent both to being assessed for and to receiving this service and to allow First Call Nursing to share relevant information when needed with other involved health and community care providers and government. As a client of First Call Nursing you can be assured that all possible steps are taken to guarantee the privacy and confidentiality of your personal information.

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| **Privacy statement:**  The purpose of collecting this information is to assist the staff at First Call Nursing in providing required service/s no part of this information will be passed onto any other person or organisation without the express permission of the Consumer or their representative. |
| Signing this document gives consent to First Call Nursing for medical treatments and interventions as described above. |

**Declaration:**

*I,………………………………………….., hereby declare that the information I have provided on this document relating to is to the best of my knowledge true and correct.*

|  |  |
| --- | --- |
| *Signed on behalf of Client/Care* | *Signed on behalf of First Call Nursing* |
| *Print Name* | *Print Name* |
| *Signature* | *Signature* |
| *Date* | *Date* |
| First Call Nursing aim to provide you with the best quality care service; to facilitate this do we have your consent to collect information from other relevant services or providers? For example – Doctor’s support plan to assist participant **Yes / No**  If yes, please provide details | |
| Doctor: | |
| Health Practitioner: | |

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Care Assessment Notes – Use for all care assessments*

An assessment should include the collation of information from multiple sources with the Consumers consent. This may include; the Consumer, general practitioner, family, carers, other service providers, referring agents and specialist services.

Some key elements of the assessment process include:

* The Consumer’s living situation – who lives with them, do they have anyone to support or assist them, the living environment and any safety concerns,
* A functional assessment to determine what the Consumer can achieve independently and what they require assistance with, for example, housework, mobility and a falls history, walking, shopping, hygiene,
* Identification of carer supports and needs,
* A fees assessment (including an income assessment, fee reduction or waiver if relevant,
* Consent to share information with others from the Consumer/carer,
* Referral to other services if required,
* Inclusion on the wait list if support cannot be offered at this time.
* Consultation with/referral to other health professionals as indicated,
* The provision of equipment or other appropriate supports,
* For packaged care - Review of the Aged Care Consumer Record (ACCR) for the relevant packaged care service,
* For NRCP- Assessment of both the Consumer (the carer is the primary Consumer for NRCP services) and the care recipient (who may require support whilst the carer is receiving respite).

Consumer, carers and families should be encouraged to be ‘active’ participants in the assessment process. This will promote from the beginning a relationship of staff working with Consumers and families to identify and address what is important for the Consumer.

The assessment should focus on functional improvement, family or carer needs, sustainability of the caring relationship, extent of social connections to the community and quality of life issues.

The First Call staff member conducting the assessment should analyse this information collected using professional non-judgemental expertise. The outcomes agreed to should integrate closely into the care planning phase resulting in Consumer goals and aspirations. What is being seen in the industry is a close alignment of assessment tools with care planning processes e.g. goal lists, action plans and ladders of priority all form part of the assessment phase.

The staff member’s role is to provide Consumer choice through expert knowledge and information ensuring informed decisions are made by the Consumer and family group.

The Assessments process should be flexible: -

* It may take a number of visits,
* Be performed in a setting of the Consumers choice e.g. home, day centre, park,
* Be performed based on need e.g. for people with dementia and sundowners’ syndrome a visit when behaviours are escalated will provide staff with more insight into Consumer and carer need.

The assessment phase continues throughout the Consumers care pathway. Assessments should be non-judgemental and respect the values, lifestyle and health choices of the Consumer.

The comprehensiveness of the assessment and who conducts the assessment are dependent on how complex the needs of the Consumers are and the requirements of the program.

This includes (but is not limited to) assessing the following areas: wellness through healthy aging.

* Exercise and strength-based programs
* Continence
* Nutritional support and assistance
* Pet care
* Massage
* Outings
* Fall assessments
* Falls prevention programs
* Education and information.
* Identify lifestyles that contribute to health conditions and promote changes in behaviour
* Promote preventative health behaviours e.g. exercise to minimise the risk of falls.

Staff training and appropriate assessment tools need to reflect the Consumer’s needs and program types. For example, a Level 4 Home Care Package will include a number of risks and or validated assessments whereas a Day Centre will focus more on social engagement. Services need to demonstrate that the range of tools in use reflects care needs, local demographic requirements and program guidelines.

Domains commonly used in assessment tools include;

* Health,
* Psychological, Social and emotional wellbeing,
* Strengths and Abilities
* Diversity,
* Carer needs
* Work health and safety,

Where a referral to another provider is required for additional services or where the carer or Consumer’s needs are different to what First Call can provide. A referral should be facilitated with the consent of the Consumer or carer.

To initiate and support appropriate referrals to a variety of providers, agencies and information sources specific recommendations or guidelines are required.

First call representative/case managers play a vital role in initiating and supporting appropriate referrals to a wide spectrum of specialized service providers and to credible information sources such as those available on the Internet.

Findings suggest that Best Practice Guidelines should include guidance on effective referral processes. Other strategies such as care mapping, the development of clear referral criteria and explicit policies regarding the case manager’s role as an initiator of referrals also need to be put in place to reduce the risk of missed referrals and continuity of care.

Further where community providers are in an area where Health based Referral and information centres exist close partnerships with these centres are an important relationship to build. A range of ‘one stop’ referral and information centres are in existence across the country.

Information sharing, case conferencing, Consumer and family support during the transition phase are all promoted.

Building relationships with other service providers or networks promotes ease of transition for Consumers and their families.

An important element of cultural diversity is acknowledging and respecting the integrity of each person for these reasons a person centred approach to care is a complimentary model to adopt to promote the cultural and spiritual wellbeing of Consumers. Noting that there is diversity within each cultural group e.g. assumptions cannot be made that all Aboriginal people follow the same traditions and mores.

First Call Nursing provides information for staff on cultural belief systems to assist staff in the assessment process.

Resources should be obtained based on the cultural and spiritual mix. Staff should receive education on cultural and spiritual diversity and sensitivity.

Considerations should be given to: -

* Is there evidence of consultation with all appropriate Consumers representatives or others, for example, spiritual or cultural advisors?
* During the consultation has there been consideration of past and current cultural (including cultural aspects not necessarily related to ethnicity or country of origin), religious, spiritual and ethnic practices relating to Consumers?
* During the consultation has there been consideration of customs, social mores and religions that might affect the way Consumers view some procedures?
* Is there evidence in the consultation that what is important to the person in relation to their spirituality and culture has been discussed and recorded into the care plan?
* Is there evidence of identification of requirements to support each Consumer’s ongoing cultural needs?
* Did the assessment identify any language assistance required for effective communication with the Consumer or their families?
* Does the service have a system for the identification of food and drink needs and preferences?
* Does the assessment include identification of leisure interests and activity needs and preferences?
* In planning lifestyle programs consideration, of
* Cultural diversity and social mores e.g. separate for female / male outings for some cultural groups
* Spiritual sensitivity
* Dietary preferences on outings.

Questions

Here are some questions you might like to think about when making your plan:

* what is important to me?
* what sorts of things might help to improve my day to day life?
* what do I enjoy doing most?
* what support do I need to stay safe?
* what makes my life enjoyable and meaningful?
* where and when do I want that support?
* how much could I be asked to contribute to my care costs?