POLICY STATEMENT

Clients will be appropriate assessment, monitoring and management for all skin conditions. Wound and skin care management with 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 management plan will be clearly documented and communicated in the client’s care 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 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 Nurse of any abnormalities to the client’s skin or wound (ie. 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