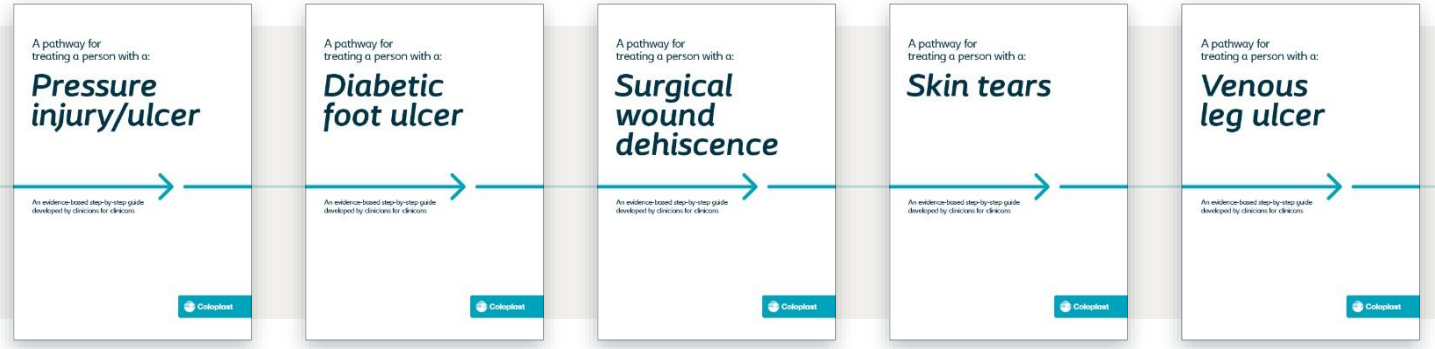
Wound Type-Specific Pathways: Promoting Consistent Care with Step-by-Step Guides to Wound Healing



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Wound Care faces global challenges*

1. Lack of education
2. High turnover of staff
3. Inconsistency of care

*Anthropological study 2019

To overcome the 3 main challenges clinicians face in clinical practice, focus on the following is needed:

- Access to education & guidance
- Simplified evidence-based guidelines

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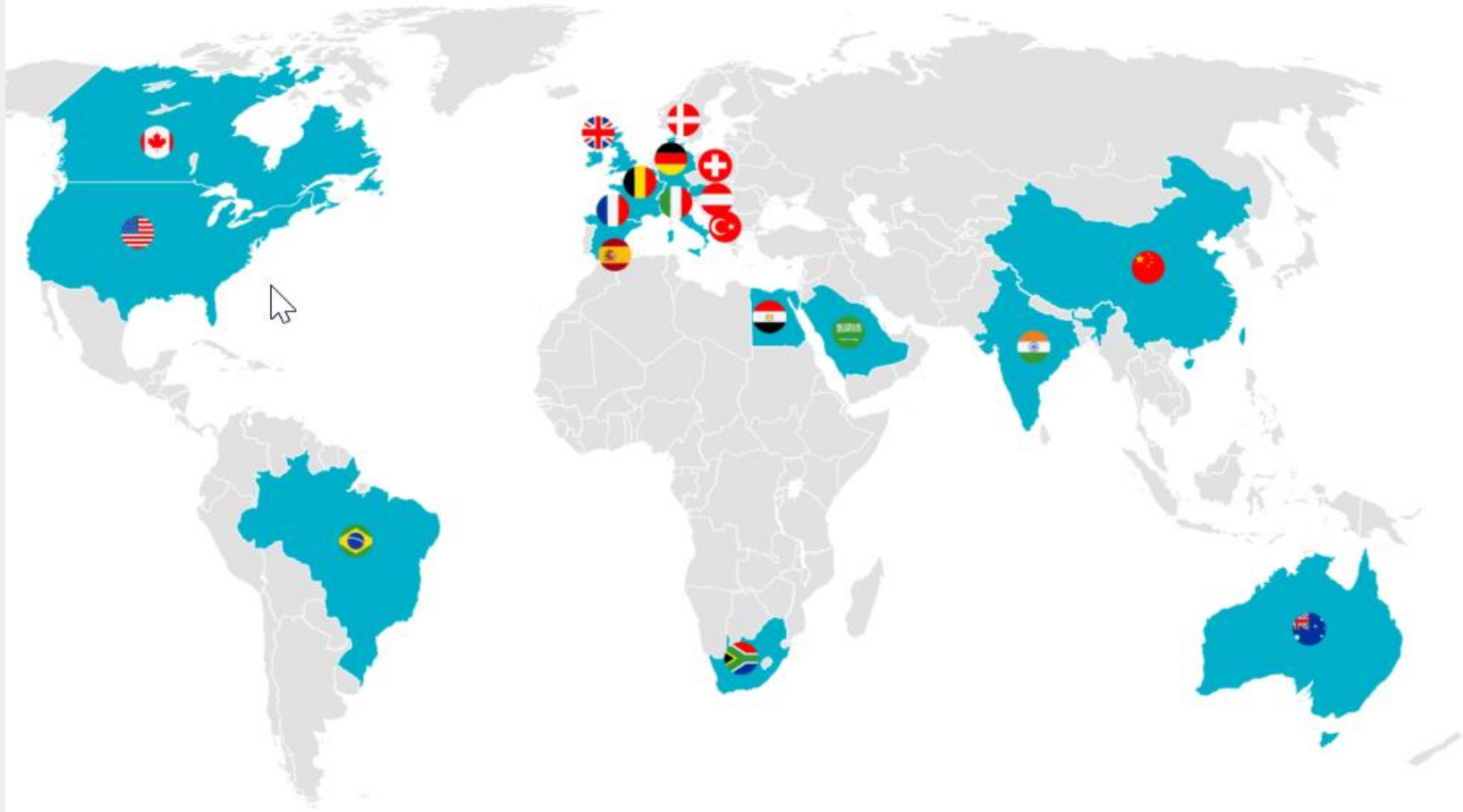
Before publishing ‘just another’ pathway, we set out to reach a global consensus on best practices for chronic wound management



85

Wound Care **Specialists** from **19** countries around the world participated in 2019

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The consensus meeting:

The overall purpose was to discuss optimal wound management for chronic wounds

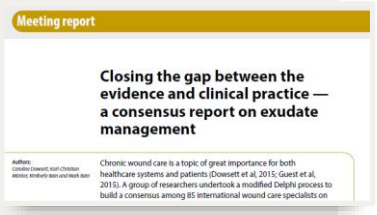
- The focus of the consensus project was also to discuss **how to manage the gap between the wound bed and the wound dressing**

The evidence was published Wounds International 2020

Managing the gap to promote healing in chronic wounds

Published *September 2020*

Closing the gap between the evidence and clinical practice a consensus report on exudate management



Published *September 2020*

Preventing and treating infection in wounds: Translating evidence and recommendations into practice

Published *December 2020*

Advancing practice in holistic wound management: A consensus-based call to action

Published *December 2020*

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… and used to develop a 'Wound Care Pathway'

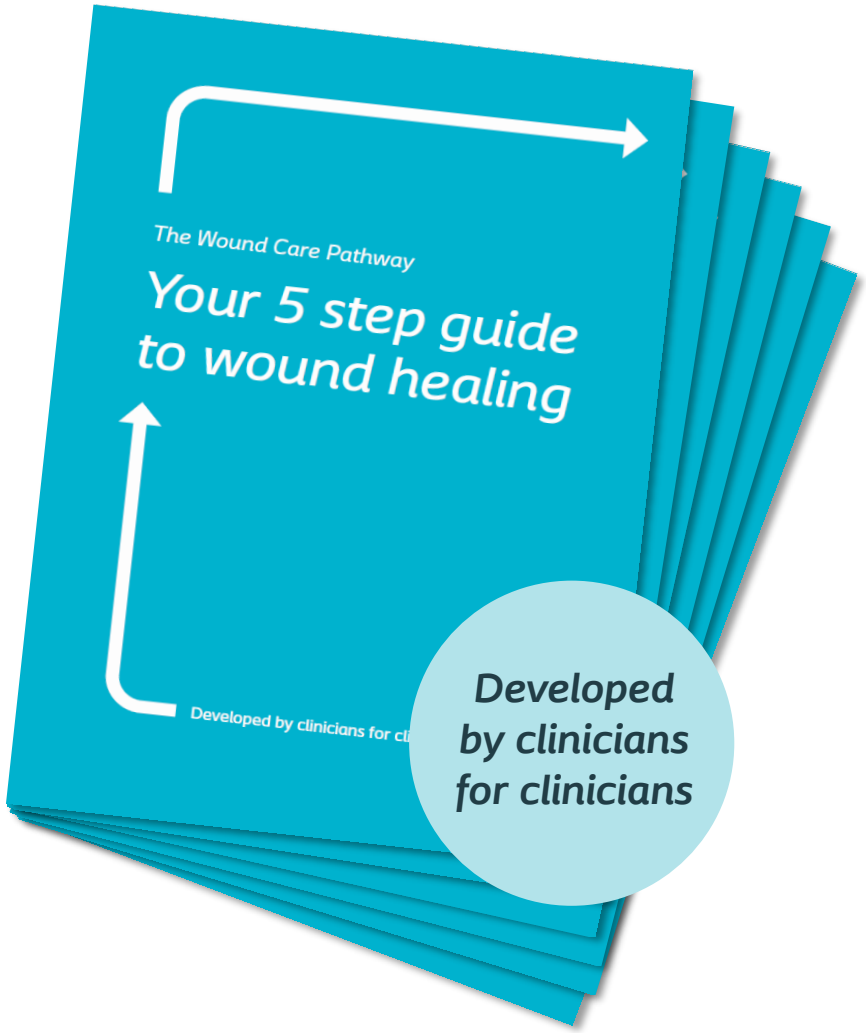
Provide access to
education & guidance

…by developing a **simplified**
evidence-based pathway

The result was a new pathway for wound care:

The Wound Care Pathway

- A step-by-step and evidence-based approach to wound healing
- Developed with input and feedback from more than 2,200 Healthcare Professionals
- A response to the educational need expressed by Healthcare professionals
- Developed to support the Non-Specialists in wound care
- Gap management should be a natural part of wound assessment and management



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Wound Type Specific Pathways were always part of the plan

The Wound Care Pathway

Wound Type Specific Pathways:

Providing guidance for **non-specialists** on how to manage specific wound conditions

"THE MISSING LINK"

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We have developed Pathways for 5 wound types

01

Venous Leg Ulcers

02

Pressure Ulcers

03

Skin Tears

04

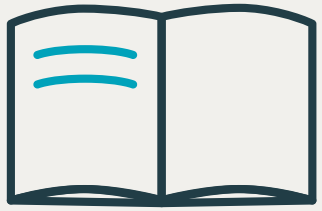
Diabetic Foot Ulcers

05

Surgical wounds

Feedback for the Pathways was collected through a number of activities

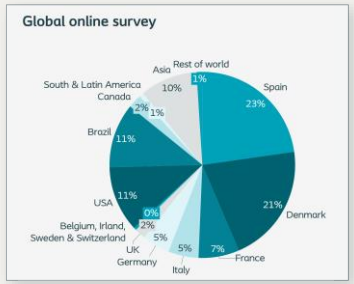
October 2022



Literature review to establish the evidence-based foundation for the Pathways

135 publications identified

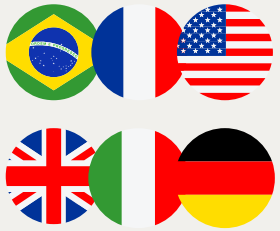
January 2023



Global survey sent out to Specialists and Non-Specialists

2200 responses!

June 2023



Local focus group meetings in 6 countries to receive feedback on the Wound Type Specific Pathways

July 2023

Review and approval of the content from the Expert group

Validation of the Pathways in 6 countries

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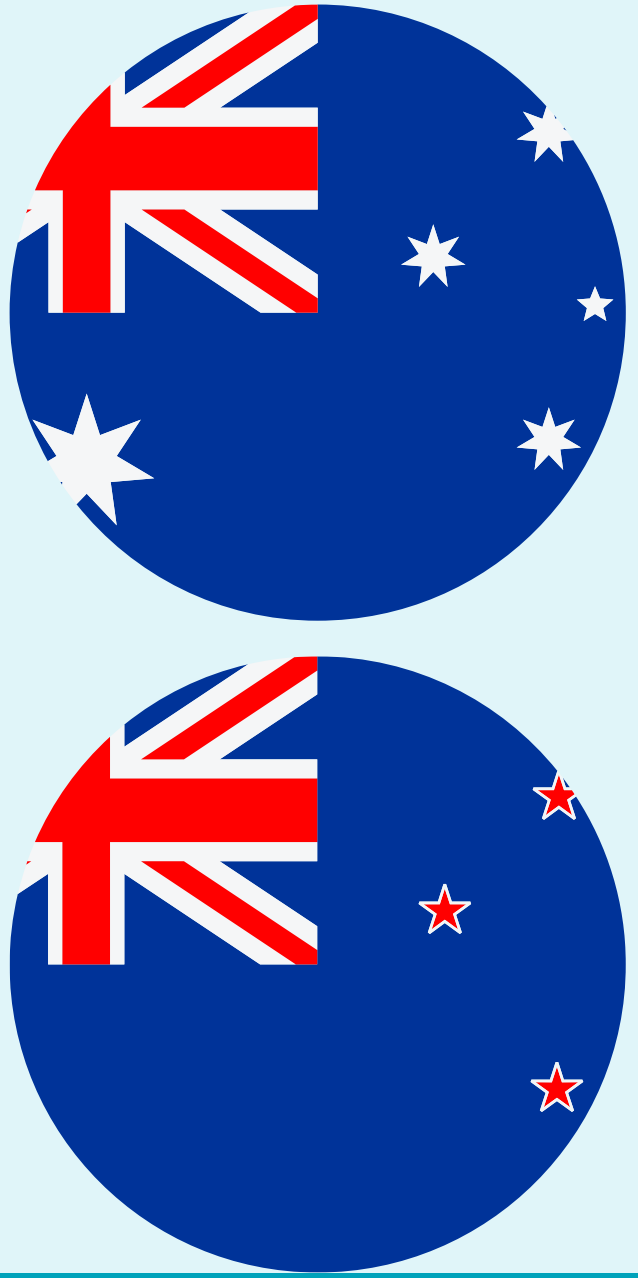
Wound Type Specific Pathways

ANZ Localisation



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From Global Expert Panel to Local Expert Panel; Carrying the journey forward …

The Pathways contains essential guidance

- Definition of wound type
- How to assess
- How to diagnose/identify/categorise
- How to develop a treatment plan
- How to manage the wound
- How to choose a dressing and additional therapies
- How to monitor progression
- When to consult a specialist or refer

The Pathway for Pressure Ulcers:

“The pathways simplify complex research evidence and translate it into simple and practical for non-specialists.

They have the potential to improve care and outcomes for patients and reduce clinician’s workload.”

Dr. Caroline Dowsett, United Kingdom
Member of the Global Expert Panel

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Summary:

The Wound Type Specific Pathways:

- A step-by-step and evidence-based approach to wound healing
- Developed with input and feedback from more than 2,200 Healthcare Professionals
- A response to the educational need expressed by Healthcare professionals
- Developed to support the Non-Specialists in wound care

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The process and development of the Wound Type Specific Pathways was published in Wounds International Sep 2023

The publication adressess:

- The challenge with chronic wounds with focus on the 5 most common wound types
- The methodology and literature review for the development of the Wound Type Specific Pathways
- An overview of the management principles for each wound type

Update

Paving the way for effective wound care education for the non-specialist — developing five evidence-based wound type specific pathways

Authors:
Terry Swanson, Kimberly Bain, Caroline Dowsett, Jose Roman March Garcia, Emily Greenstein, David Keast, Long Zhang, Mark Bain, Hester Colboc and Christoffer Hoffmann.

The Wound Care Pathway was developed in 2020/21 to provide a practical, evidence-based step-by-step approach towards wound healing (Dowsett et al, 2021). Healthcare providers who use the pathway asked for more detailed guidance for specific wound types. A group of wound care experts, comprised of physicians, nurses and researchers, undertook a process to expand the international consensus on wound healing by developing wound type-specific pathways for diabetic foot ulcers, venous leg ulcers, skin tears, pressure injuries/pressure ulcers and surgical wound dehiscence. The objective was to take complex research evidence and translate it into simple and practical treatment guidance for the non-specialist, for the five most common wound types. The systematic approach to wound care provided in the wound care pathway and in the wound type specific pathways is designed with the goal of achieving a shorter way to wound healing by helping healthcare providers focus on healing wounds not just dressing wounds.

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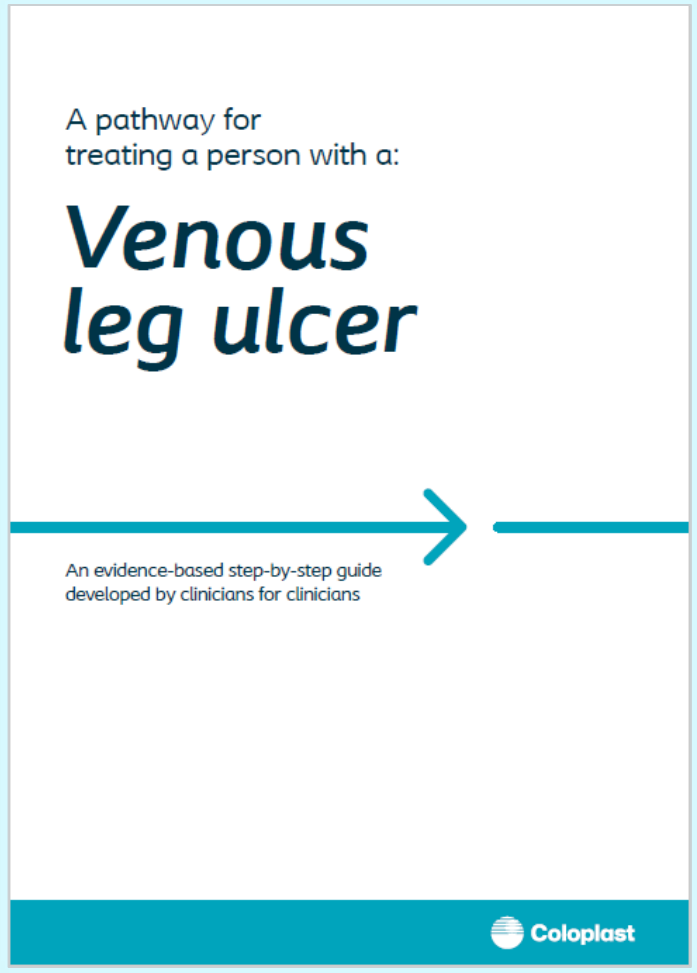
A pathway for treating a person with a Venous Leg Ulcer



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Developed by Clinicians For Clinicians

The Wound Type Specific Pathways:

- Have been developed from the feedback and input from over 2200 health care professionals
- Take an evidence-based approach
- Are aligned with the latest evidence
- Do not replace established guidelines; they align with and simplify international and national guidelines

Authors and Contributors are referenced which include from Australia Terry Swanson and the Coloplast ANZ Wound Advisory Board.

Developed by clinicians for clinicians

This Pathway was developed with feedback and input from over 2200 health care professionals in the field of wound care. It offers a unique evidence-based approach to managing pressure injuries and lets you put the latest evidence in wound care to use in real life.

Authors:
Terry Swanson, Nurse practitioner, Australia; Dr. Caroline Dowsett, United Kingdom; Dr. Jose Ramon March Garcia, Spain; Emily Greenstein, Nurse practitioner, USA; Dr. David Keast, Canada; Dr. Long Zhang, China; Dr. Hester Colboc, France

Coloplast ANZ acknowledges the contributions of members of the Coloplast Wound Advisory Board and ANZ Subject Matter Experts in the localisation of this document.

Clinical references:

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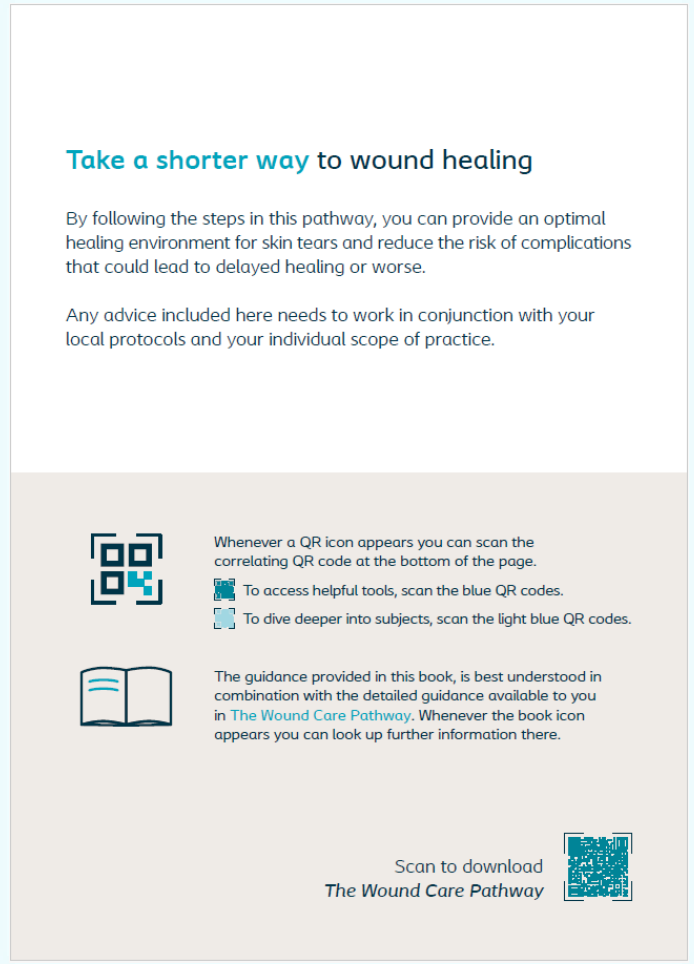
Take a shorter way to wound healing

The aim is to provide an optimal healing environment for venous leg ulcers

It is an important reminder to refer to local protocols and individual scope of practice

Included in the following pages are:

- **QR codes - dark teal** to access helpful **tools**
- **QR codes – light teal** to **dive deeper** into subjects
- **Book icon** – To link to relevant information in The **Wound Care Pathway** blue book, can be downloaded via a **QR code** on this page if you see the book icon return to this page to access the Wound Care Pathway



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The Wound Care Pathway

We all want patients living with chronic wounds to have fewer days with wounds. But finding the shortest way to wound healing can be a challenge.

By following the **Wound Care Pathway** you will be sure, you are doing your best to provide an optimal healing environment and prevent complications that could lead to delayed healing or worse.

The **Wound Care Pathway** was developed by clinicians for clinicians, and helps you put the latest evidence in wound care to use in real life.

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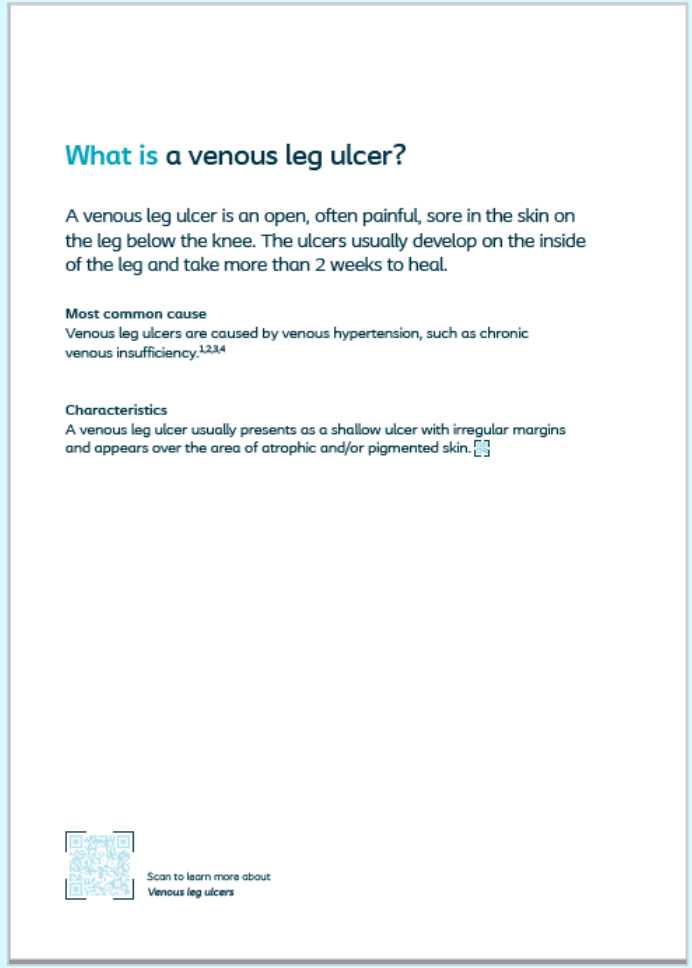
The Wound Type Specific Pathway for treating someone with a Venous leg ulcer begins with: What is a Venous leg ulcer?

Here you will find information on the following:

- The definition of a Venous Leg Ulcer
- A light teal QR link to a website for a deeper dive into more information on Venous leg ulcers and clinical recommendations



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What does it look like?

Images are included to assist with understanding what is seen in practice.

Let us now take the 5 Steps of treating a person with a Venous Leg Ulcer together ….

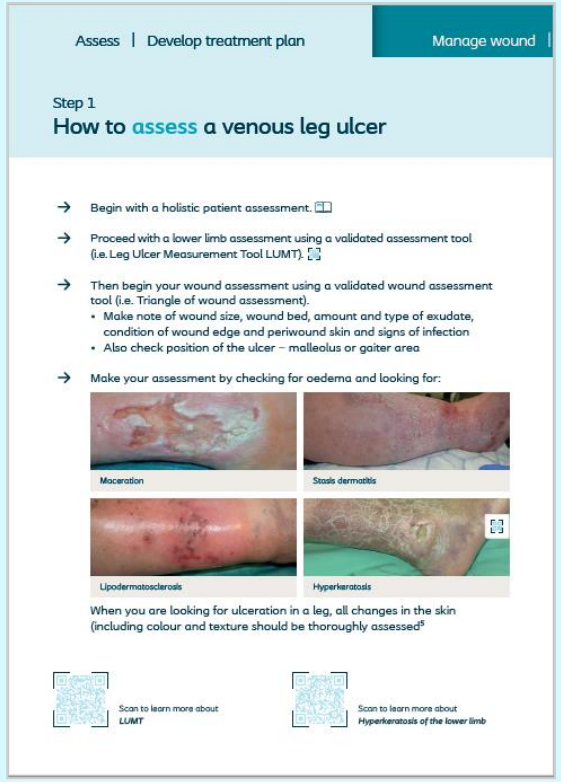
Step 1 – How to assess a Venous Leg Ulcer

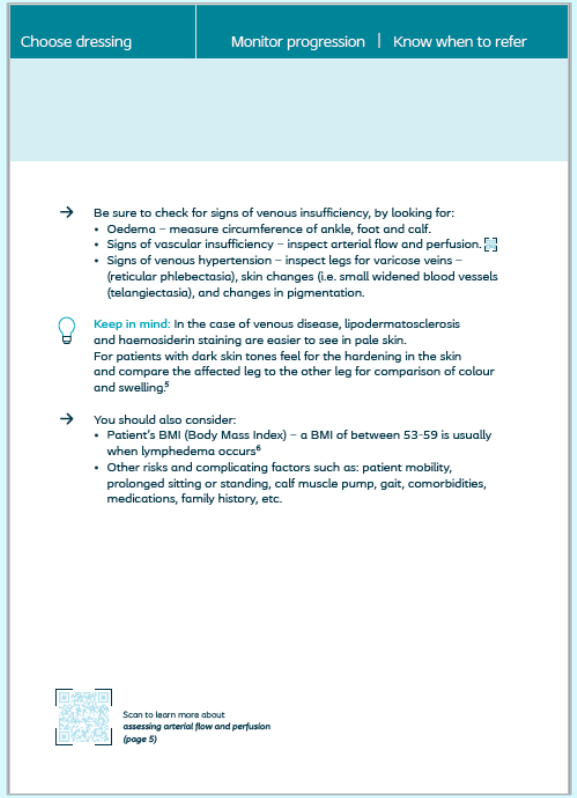
This step reminds us to conduct a holistic patient assessment:

- There are **reminders of important considerations** to include in your assessment of a person with a venous leg ulcer
- There is **advice to consider the use of a validated assessment tool** for the lower limb assessment and also the **reminder to check for oedema** and look at all changes in the skin

The light bulb icon brings your attention to an important point to keep in mind – in this case considerations to make in assessment of **different skin tone**

Light teal QR links help you navigate to more information to take a deeper dive into assessment of the lower limb





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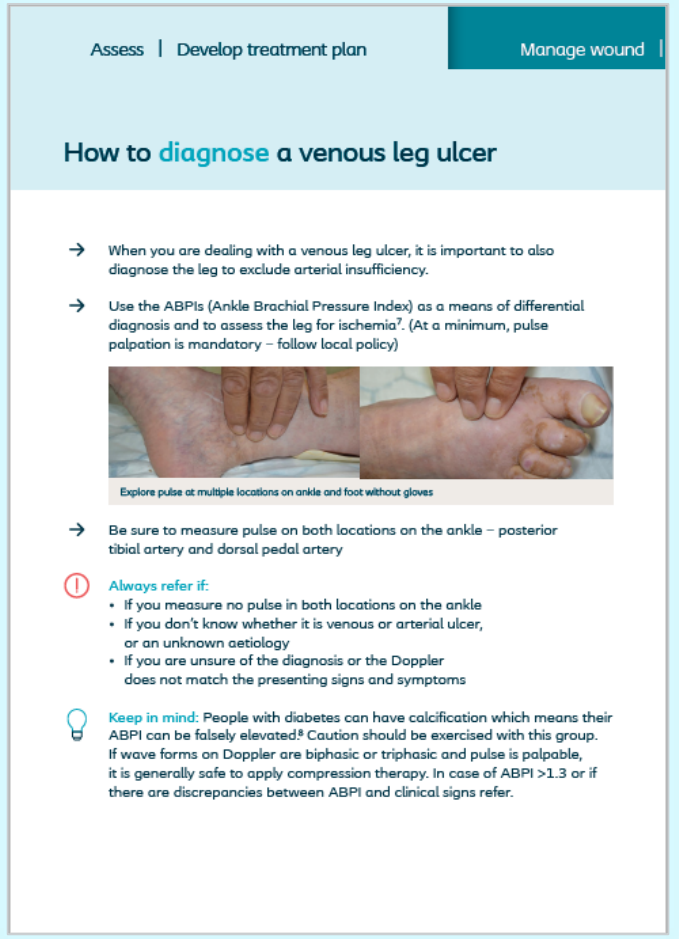
How to classify (diagnose) a Venous leg ulcer

When sure that the wound has been correctly identified as a Venous Leg Ulcer here is guidance for next steps

- Excluding arterial insufficiency
- A very important point is highlighted here - identifying when to refer
- An important point to note for people with diabetes



Assess | Develop treatment plan | Manage wound

How to diagnose a venous leg ulcer

→ When you are dealing with a venous leg ulcer, it is important to also diagnose the leg to exclude arterial insufficiency.

→ Use the ABPIs (Ankle Brachial Pressure Index) as a means of differential diagnosis and to assess the leg for ischemia[7]. (At a minimum, pulse palpation is mandatory – follow local policy)

Explore pulse at multiple locations on ankle and foot without gloves

→ Be sure to measure pulse on both locations on the ankle – posterior tibial artery and dorsal pedal artery

Always refer if:
- If you measure no pulse in both locations on the ankle
- If you don't know whether it is venous or arterial ulcer, or an unknown aetiology
- If you are unsure of the diagnosis or the Doppler does not match the presenting signs and symptoms

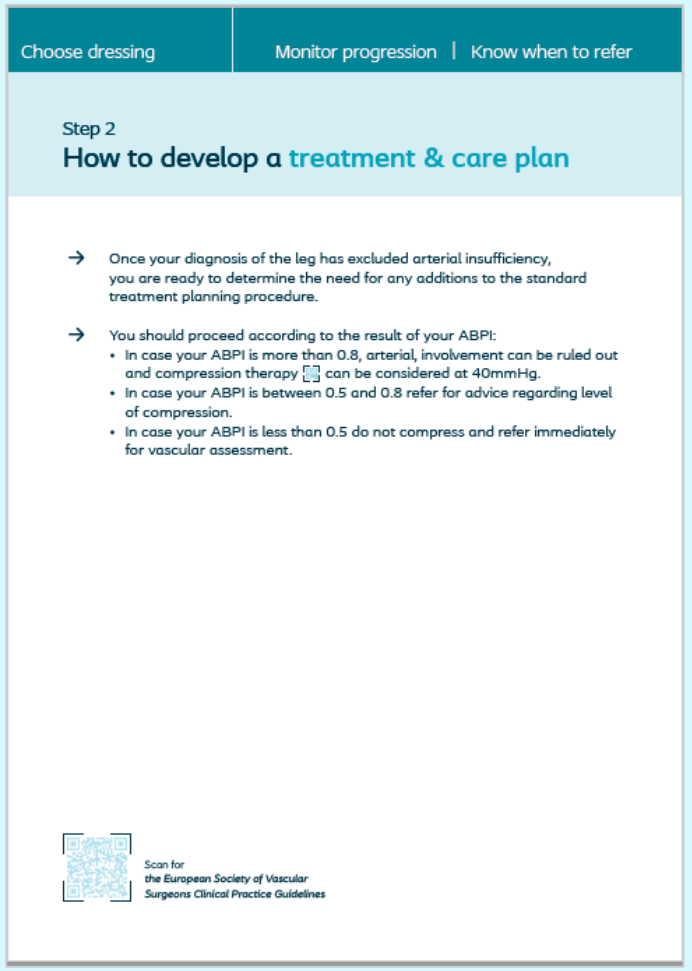
Keep in mind: People with diabetes can have calcification which means their ABPI can be falsely elevated[8] Caution should be exercised with this group. If wave forms on Doppler are biphasic or triphasic and pulse is palpable, it is generally safe to apply compression therapy. In case of ABPI >1.3 or if there are discrepancies between ABPI and clinical signs refer.

Step 2 How to develop a treatment and care plan

Step 2 supports you in deciding on next steps.

- Remembering to determine the need for additions to standard treatment
- Proceeding according to the result of ABPI to consider use of compression therapy

A Light teal QR code is also included here to take you to a deeper dive into Practice Guidelines



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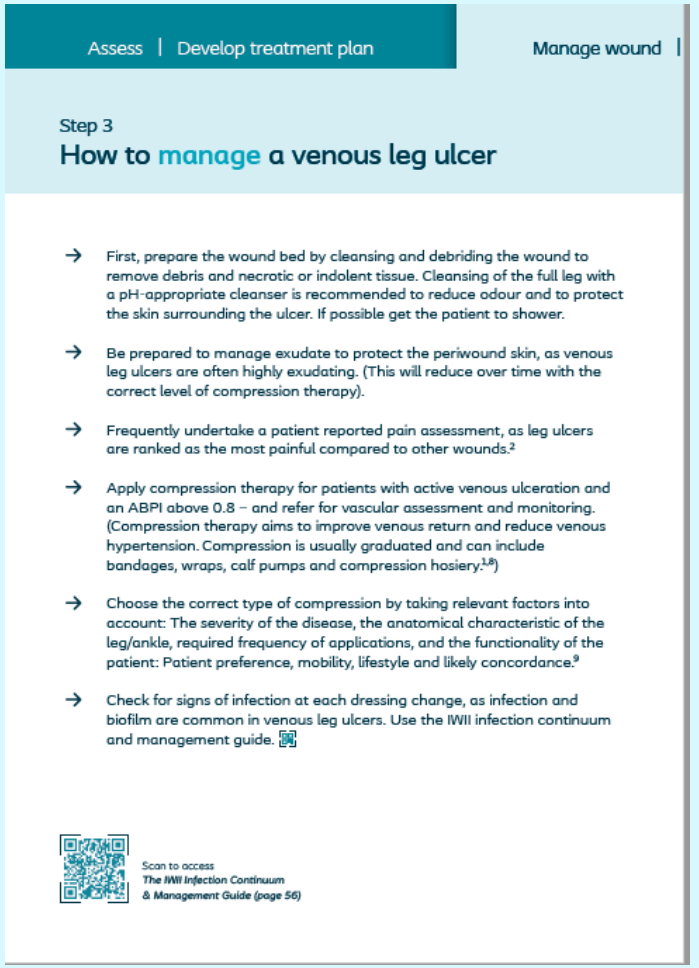
Step 3 How to manage a Venous leg ulcer

Step 3 supports you in making decisions for the management of a Venous Leg Ulcer. Important points are made in relation to:

- Wound bed cleansing and debridement
- Periwound skin management
- Pain assessment
- Compression therapy
- Assessing for signs of infection at each dressing change

There is a **dark teal** QR link linking you to the IWII (International Wound Infection Institute) International Guideline and wound infection continuum to support you with identifying signs of infection and providing further best practice guidance



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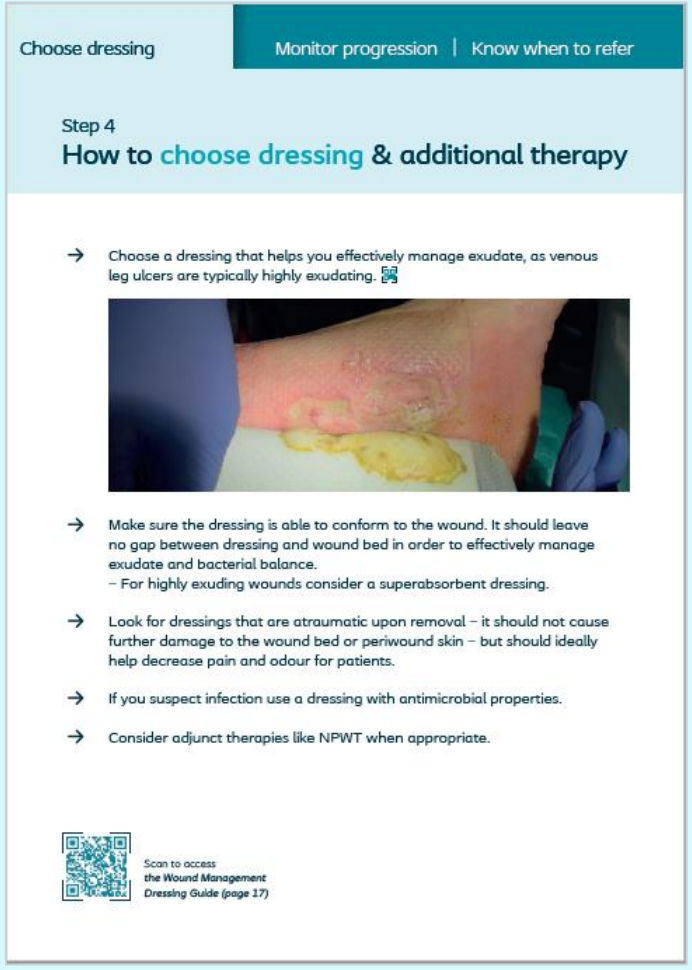
Step 4 How to choose a dressing & additional therapy

In Step 4 we now start to consider dressings and additional therapies. Points are made with important reminders such as:

- Exudate management
- Managing the Gap between the wound bed and dressing to avoid exudate pooling and reduce the risk of infection
- Skin integrity
- Infection management
- Adjunct therapies

A **dark teal** QR code is also included to link to a Wound Management Dressing Guide



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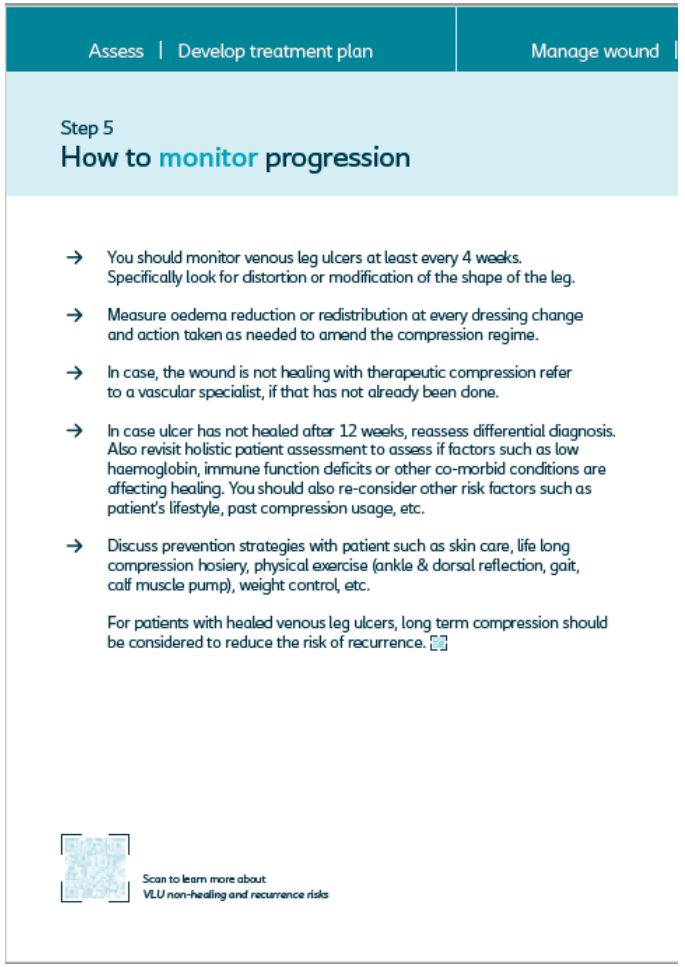
Step 5 How to monitor progression

Step 5 provides important information for monitoring progression and identifying when to refer or contact a specialist:

- Reminder to monitor venous leg ulcers at least every 4 weeks
- Monitor oedema and compression
- When to consider contacting a vascular specialist
- When to reassess and what to consider including in that reassessment
- Reminder to discuss prevention strategies with patient

A Light teal QR code is also included here to take you to a deeper dive into VLU non-healing and reoccurrence risks



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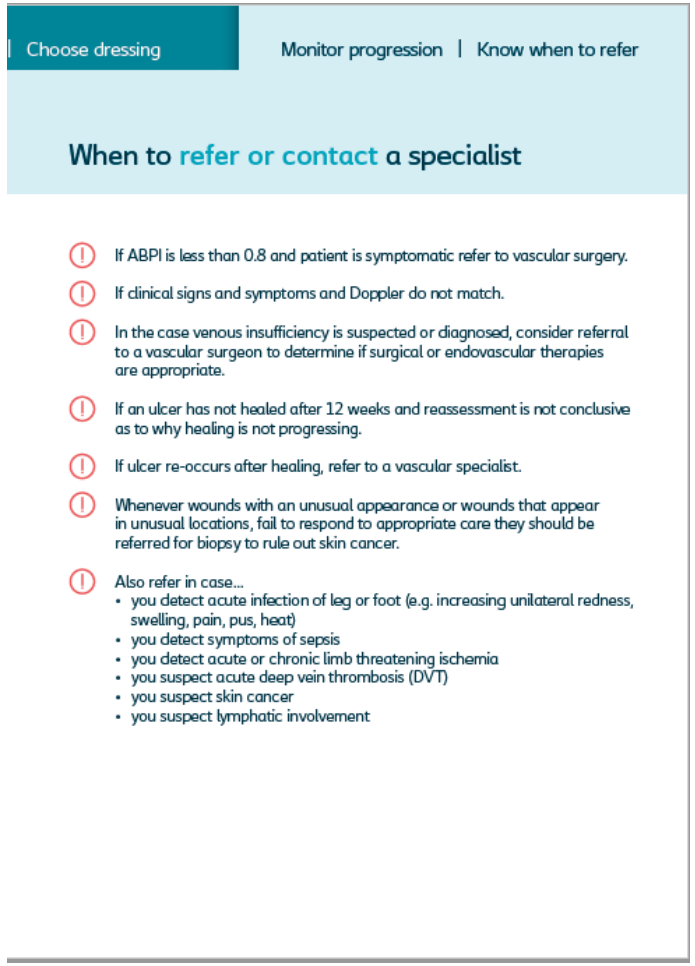
When to refer or contact a specialist

Attention is drawn to situations where you would consider referral to a specialist:

- If the ABPI is less than 0.8 and patient is symptomatic
- If the clinical signs and Doppler readings don't match
- When to consider referral to a vascular surgeon
- If not healing after 12 weeks or there is re-occurrence
- When there are unusual or concerning findings



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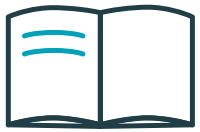
Glossary of Venous leg ulcer terms

The Glossary supports you in understanding important and commonly used terminology which may not be familiar to you

 The book Icon reminds you that more information and a further Glossary can be found in the Wound Care pathway.

Glossary of venous leg ulcer terms

Venous insufficiency – is a condition in which the veins fail to return blood efficiently to the heart. Symptoms include swelling of the legs and pain in the extremities.

Ischemia – is a lack of blood supply to a certain part of the body, which may cause tissue damage due to lack of oxygen and nutrients.

Oedema – is a build-up of fluid which causes the affected tissue to become swollen and can be localized or more general.

Maceration – occurs when skin is in contact with moisture for too long. Macerated skin looks lighter in colour and wrinkly and may feel soft or soggy to the touch.

Stasis dermatitis – is when there is venous insufficiency, or poor circulation in the lower legs, leading to skin discoloration, pain, itching and sores.

Lipodermatosclerosis – is a chronic inflammatory condition characterised by subcutaneous fibrosis and hardening of the skin on the lower legs.

Hyperkeratosis – is a thickening of the skin's outer layer.

Haemosiderin – is a brown iron-containing pigment usually derived from the disintegration of extravasated red blood cells.

Malleolus or gaiter area – the region of the leg located circumferentially around the lower leg from approximately mid-calf to just below the ankle.

For a glossary of general wound care terms consult The Wound Care Pathway

Coloplast Professional

And finally the last page provides links to further education including e-learning and webinars on Skin Tear management, other wound topics and also ostomy and continence topics at Coloplastprofessional.com.au

The Coloplast Professional website is also the location where other Wound Type Specific Pathways (e.g. DFUs) and the Wound Care pathway can be downloaded.

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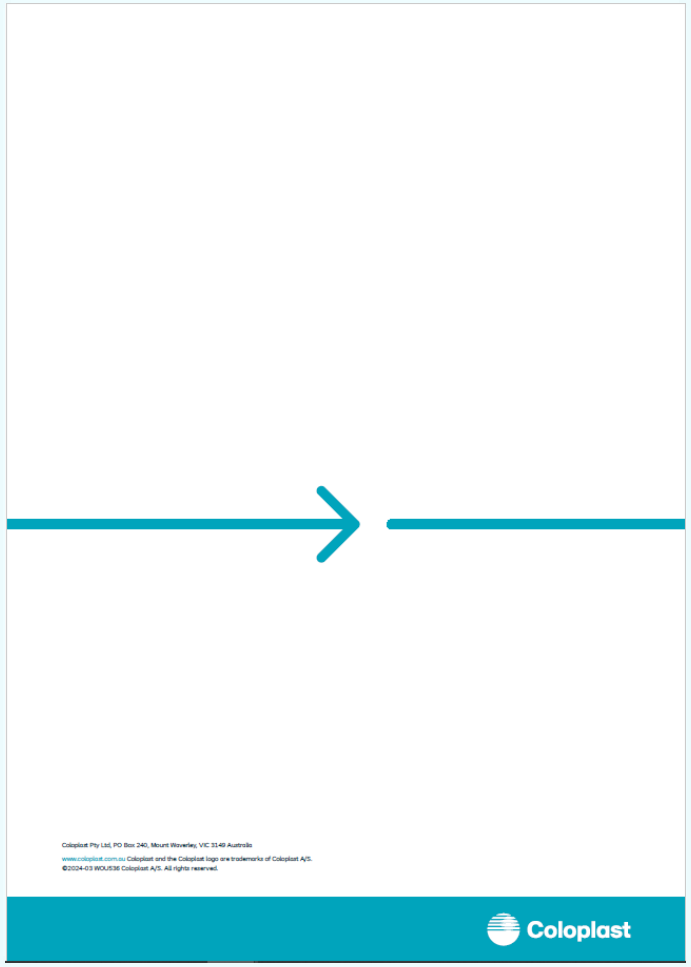
Summary

The Wound Pathways

- will support you in **delivering evidence based care** to confidently achieve **optimum outcomes**
- will **support education** related to Venous leg ulcers
- will connect you with original sources of **best practice guidelines**



Any Questions?

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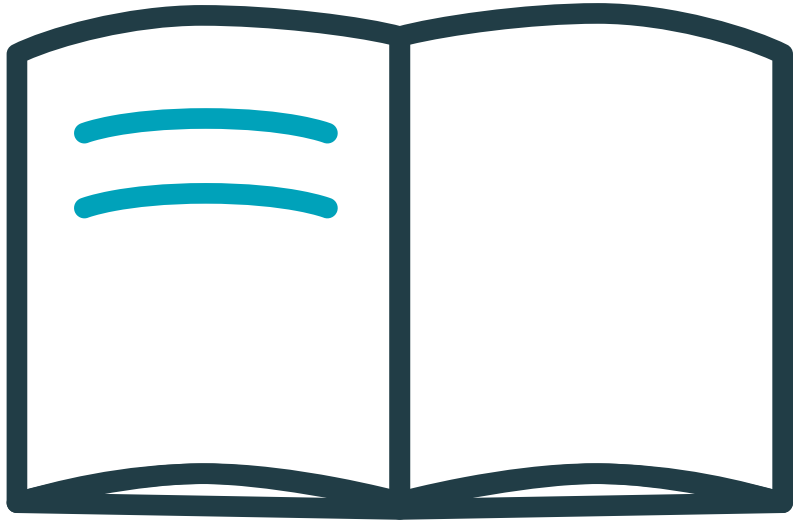
How to access the Pathways

- Electronic Copies:

Available on the Coloplast Professional Educational Platform www.coloplastprofessional.com.au

- Hard copies:

Please visit our trade table or contact your local Coloplast Wound Care Representative



Thank you!

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