

STANDARDS

FOR

WOUND MANAGEMENT



The Australian
Wound Management
Association Inc.

CONTENTS

INTRODUCTION	1
STANDARD 1 COLLABORATIVE PRACTICE AND INTERDISCIPLINARY CARE	2
STANDARD 2 PROFESSIONAL PRACTICE	4
STANDARD 3 CLINICAL DECISION MAKING IN WOUND MANAGEMENT	7
STANDARD 4 BEST PRACTICE IN WOUND HEALING	9
STANDARD 5 DOCUMENTATION	13
STANDARD 6 EDUCATION	14
STANDARD 7 RESEARCH	16
REFERENCES	17
BIBLIOGRAPHY	20

INTRODUCTION

The Australian Wound Management Association Inc. Standards for Wound Management are intended to be reflective of best practice as defined in the literature and in the consensus opinions sought from expert wound clinicians, educators and researchers. The Standards are presented as a guide to practitioners, educators and researchers who desire to promote optimal outcomes in the care of individuals with wounds or potential for wounding. The Standards are intended to be broad, which allows for their flexible application in accord with the needs of individual disciplines and practice settings.

The performance criteria listed in this document are considered to be base criteria for achieving each stated Standard. However, individual health professionals and health agencies are at liberty to adapt the criteria in context for achieving each Standard according to the expectations of individual professional roles, practice settings, legislation governing practice and institutional requirements for determining a standard of care.

Wound healing and the development of standards of care are both dynamic processes. It is anticipated that regular reviews of these Standards will take place as scientific endeavours promote greater understanding of the phenomenon of wound healing and best practice in management. The Standards will be available on the AWMA website (www.awma.com.au) and comments and suggestions are welcome at any time.

The Standards do not promote or endorse specific products, devices or pharmaceuticals.

STANDARD 1

COLLABORATIVE PRACTICE AND INTERDISCIPLINARY CARE

The optimal healing of the individual with a wound or potential wound is promoted by a collaborative and interdisciplinary approach to wound management.

Collaborative practice includes evidence that the clinician:

1.1 Acknowledges the central role of the individual and their carer in wound management and relevant health care decisions¹⁻⁴.

Performance Criteria

- The individual and their carer will be informed of the need and options for comprehensive and multidisciplinary assessment.
- The individual and their carer will be informed of assessment outcomes and involved in the decision making for potential care options.
- The individual and their carer will be provided with information and opportunities to encourage and facilitate their participation in planned care.

1.2 Establishes and maintains communication that facilitates interdisciplinary collaboration and coordination of care^{2, 5-7}.

Performance Criterion

- The clinician will liaise and maintain communication with the interdisciplinary team on a regular basis and when indicated by changes that impact on the individual, their wound or their healing environment.

1.3 Recognises the knowledge and skills of members of the interdisciplinary team^{2, 5-7}.

Performance Criteria

- The clinician acknowledges the need for a partnership in practice between interdisciplinary team members when assessing, planning or implementing care.
- The clinician will act as an advocate and negotiate on behalf of the individual or their carer to optimise access to the knowledge and skills of other health professionals when the individual or their carer so desire or when the clinical situations indicates a need.
- The clinician practices within the scope of their practice and level of expertise.

1.4 Respects the contribution of members of the interdisciplinary team^{2, 5-7}.

Performance Criteria

- The clinician will advocate for evidence based practice to ensure optimum outcomes for the individual.
- The clinician will regularly liaise and negotiate with members of the interdisciplinary team in relation to the individual's planned care and care outcomes.

STANDARD 2

PROFESSIONAL PRACTICE

The safety and wound healing potential of the individual is ensured by clinical practice in wound management that respects and complies with legislation, codes of practice, clinical practice guidelines and organisational policies.

The clinician fulfils the obligations of the professional role and will:

2.1 Perform in accordance with legislation affecting their professional practice.

Performance Criterion

- The clinician will practice in accordance with legislation that determines their profession.

2.2 Comply with individual professional code of ethics.

Performance Criterion

- The clinician will practice in accordance with the professional code of practice as determined by their regulatory authority.

2.3 Practice within own abilities and qualifications and questions practices outside the scope of legislated practice.

- The clinician is accountable for their own clinical practice.
- The clinician is aware of limitations of scope of practice for regulated and non-regulated practice.

2.4 Endeavour to remain informed of evidence-based approaches to wound management⁸⁻¹⁰.

Performance Criterion

- The clinician will endeavour to remain informed of evidence-based practices via:
 - Professional forums
 - Educational forums
 - Clinical forums
 - Literature reviews
 - Media presentations.

2.5 Base own practice on best available evidence and questions non-evidence based practices⁸⁻¹¹.

Performance Criterion

- The clinician utilises best available evidence to direct their clinical practice and maintain an optimal standard of wound management.

2.6 Contribute to the advancement of wound management knowledge⁸⁻¹¹.

Performance Criterion

- The clinician will contribute to the advancement of new knowledge and:
 - Identify potential areas for clinical research
 - Critically analyse relevant and available wound research findings.
 - Implement relevant research findings in clinical practice.

2.7 Manage resources effectively and efficiently ¹²⁻¹⁶.

Performance Criteria

- The clinician will endeavour to remain informed of the availability, indications for use and cost of wound management products and devices.
- The clinician will use wound management dressings, pharmaceuticals and devices in accord with the manufacturer's instructions or research protocols.
- Assessment of the wound, the person and their healing environment will dictate the appropriate and cost-effective use of wound management products and resources.

2.8 Advocate for access and equity of appropriate wound management products, devices and resources ¹⁷.

Performance Criterion

- The clinician will endeavour to obtain, or advocate for, access and equity of appropriate wound management products, devices or resources as deemed necessary to promote wound healing.

STANDARD 3

CLINICAL DECISION MAKING IN WOUND MANAGEMENT

The optimal healing of the individual with a wound is facilitated by an ongoing process of clinical decision making in order to determine the risk of wounding, wound aetiology and wound healing responses.

Clinical decision making includes evidence of:

3.1 A comprehensive assessment of the individual, their wound, their risk of wounding and healing environment¹⁸⁻²⁴.

Performance Criteria

- The individual with a wound will receive a comprehensive assessment that reflects the intrinsic and extrinsic factors specific to each individual, and which have the potential to impact on wound healing or potential wounding.
- A wound assessment will be performed and result in documented evidence of:
 - Type of wound and aetiology of wounding
 - Location of the wound
 - Dimensions of the wound
 - Clinical appearance of the wound
 - Amount and type of exudate
 - Presence of infection, pain, odour or foreign bodies
 - State of surrounding skin and alterations in sensation.
 - Physiological implications of wounding to the individual
 - Psychosocial implications of wounding to the individual and significant others.

3.2 Ongoing assessments of wound healing progress^{18, 25}.

Performance Criterion

- Ongoing assessments will be performed and documented and provide evidence of wound healing or deterioration in wound healing.

3.3 An individualised plan of care^{18, 25, 26}.

Performance Criterion

- An individualised plan of care will be:
 - Documented in accordance with the individual's preference and assessment outcomes.
 - Reflective of ongoing assessments.
 - Used to guide optimal management.
 - Used to evaluate the effectiveness of treatments.

STANDARD 4

BEST PRACTICE IN WOUND HEALING

Wound management is practiced according to the best available evidence for optimising healing in acute or chronic wounds.

The clinician comprehends the importance of, and is able to:

4.1 Determine when an aseptic wound management technique is required if the individual, their wound and their healing environment is compromised²⁷⁻³⁰.

Performance Criterion

- An aseptic wound technique using sterile equipment will be used when: the client is immunosuppressed, the wound enters a sterile body cavity (i.e. nephrostomy or central venous line), during the peri-operative period, or the wound healing environment is compromised.

4.2 Determine when a clean wound management technique is acceptable if the individual, their wound and their healing environment are not compromised^{27, 31-34}.

Performance Criterion

- A clean wound management technique i.e. washing or showering of wounds, may be implemented when the criterion for Standard 4.1 is not demonstrated or when policies and procedures dictate.

4.3 Promote a moist wound environment unless the clinical goal is to maintain eschar in a dry and non-infected condition^{18, 35-37}.

Performance Criterion

- Wound healing is facilitated in the presence of moisture therefore, moist wound healing principles will be maintained unless not clinically indicated. A clinical indication for maintaining dry eschar exists when there is insufficient blood flow to an affected body part to support infection control and wound healing.

4.4 Maintain a constant wound temperature consistent with optimal healing³⁸⁻⁴³.

Performance Criteria

- It has been demonstrated that wound healing is retarded when the wound temperature decreases one degree Celsius, therefore the clinician will:
 - Avoid exposing the wound to cooling temperatures or appliances.
 - Avoid leaving wounds exposed for lengthy periods.
 - Use wound cleansing solutions at body temperature.
 - Provide advice on interventions, appropriate for maintaining core body and skin temperature such as the wearing of warm clothing and the maintenance of a stable and comfortable environmental temperature.
- It has been demonstrated that increases of one degree Celsius in skin temperature can compromise skin integrity in individuals at risk of pressure ulceration. Therefore the clinician will:
 - Avoid overheating with clothing, bed linen or heating devices.
 - Avoid or limit skin contact with plastic bed protection covers and plastic lined garments.
 - Ensure adequate hydration.
 - Provide advice on interventions appropriate for maintaining core body and skin temperature such as removal of excess garments or bed linen and maintenance of a stable and comfortable environment temperature.

4.5 Maintain an acidic pH in the wound consistent with healing³⁹⁻⁴⁵.

Performance Criterion

- The skin has an acid mantle that ranges between a pH of 4 and 6.8. Wound healing is promoted when the skin and wound pH is maintained at a slightly acidic pH. The clinician will:
 - Avoid the use of alkaline soaps and cleansers.
 - Avoid leaving the wounds exposed for lengthy periods.

4.6 Maintain a bacterial balance in the wound consistent with optimal healing⁴⁵⁻⁴⁸.

Performance Criterion

- The clinician will observe infection control principles and reduce the potential risk of wound infection by:
 - Performing adequate hand washing.
 - Using non-sterile or sterile gloves as deemed relevant for practice when there is a risk of contamination to the individual or clinician.
 - Assessing for the clinical signs and symptoms of clinical infection.
 - Performing qualitative or quantitative diagnostic investigations when clinically indicated to determine a definitive diagnosis of clinical infection.
 - Appropriately managing clinical infection.

4.7 Protect the fragile wound environment^{18, 40, 49-55}.

Performance Criterion

- The clinician will endeavour to protect the fragile wound environment by:
 - Avoiding aggressive wound cleansing unless the goal of care is mechanical debridement.
 - Avoiding the use of devices that desiccate or traumatise the wound bed or surrounding skin.
 - Avoiding known or suspected toxic agents or allergens.

- Protecting the wound and peri-wound area from trauma and maceration.
- Removing foreign bodies from the wound.
- Avoiding packing a sinus where the depth of the sinus tracking cannot be determined without further investigation.
- Ensuring that any packing or drainage tube inserted into a sinus must be in one continuous piece and remains visible and secure at the wound surface.

4.8 Ensure the integrity of wound management products and devices⁵⁶.

Performance Criterion

- Maintain the integrity of wound management products and devices by:
 - Appropriate and secure storage of dressing products.
 - Changing dressing or appliances as frequently as required to effectively remove excessive exudate or infected material.
 - Using appropriate dressings or appliances to contain anticipated amounts of exudate.

4.9 Use products and devices in accordance with licensing acts and/or regulatory bodies and manufacturer guidelines⁵⁶.

Performance Criteria

- All wound management products, devices and pharmaceuticals used in Australia should have Therapeutic Goods Administration endorsement unless they are used as a component of a research protocol with appropriate ethical approval.
- The clinician will use wound management dressings, pharmaceuticals and devices in accord with the manufacturer's instructions or research protocols.

STANDARD 5

DOCUMENTATION

Documentation in the individual's record or management plan must facilitate communication and continuity of care between interdisciplinary team members and fulfil legal requirements⁵⁷⁻⁶².

Documentation includes evidence of:

5.1 Informed consent⁵⁷⁻⁶¹.

Performance Criterion

- The individual and or their carer will be provided with information relating to proposed assessment and planned care options in a manner that is considerate of their age, cognitive status and cultural preferences and which will facilitate their understanding and informed consent to assessment and planned care.

5.2 A comprehensive and legible record^{62, 63}.

Performance Criterion

- The clinician will maintain a comprehensive and legible record of the:
 - Individual's clinical history in relation to the wound and wounding
 - Aetiology of the wound
 - Assessment and management plan
 - Implementation strategies
 - Ongoing evaluation of treatments.

STANDARD 6

EDUCATION

Education of the individual and their carers should facilitate better health seeking behaviours. The clinician maximises opportunities for advancing self knowledge and skills in wound management.

The individual's tissue integrity will be promoted by:

6.1 The wound management clinician determining and facilitating the learning needs of the individual and/or their carer in regard to the promotion of wound prevention and wound healing⁶⁴⁻⁶⁷.

Performance Criteria

The clinician will:

- Provide relevant information to individuals and/or their carer for the prevention of wounding and promotion of wound healing so that individuals may participate in, and share responsibility for, their own wound prevention, wound healing and rehabilitation.
- Endeavour to meet the learning needs of individuals and carers in a manner that is sensitive to age, cognitive status, intellect, cultural and socio-economic status.
- Maximise opportunities for teaching and learning for the individual and/or their carer.
- Determine the understanding and ability of the individual for independent care and rehabilitation.
- When possible initiate and/or contribute to professional or community activities designed to promote wound prevention and wound healing.
- Act as a positive role model for health promoting behaviours.

The wound management clinician will:

6.2 Recognise their own learning needs and maximise opportunities for advancing knowledge and skills in wound management⁶⁸⁻⁷².

Performance Criteria

The clinician will:

- Maximise opportunities for learning in relation to wound management and the promotion of wound healing.
- Assess personal learning needs in regard to wound management and remain current in theories, practices and technological advances pertaining to wound prevention and the promotion of wound healing.
- Apply scientific principles for wound management and be able to state the rationale for interventions and anticipated outcomes in wound healing and rehabilitation.
- Act as a positive role model to other members of the interdisciplinary team.
- Share knowledge and skills with other members of the interdisciplinary team.
- Maintain or improve own teaching skills and use available resources effectively.

STANDARD 7

RESEARCH

Wound healing is a dynamic process, and the clinician must anticipate that wound management practices will change, as new scientific evidence becomes available.

The clinician demonstrates an understanding of:

7.1 The importance of utilising research and evidence-based practice^{73, 74}.

Performance Criterion

- The clinician will endeavour to implement wound management practices based on credible research findings or best practice.

7.2 The clinician endeavours to follow credible guidelines for research such as guidelines produced by the Australian National Health & Medical Research Council and adheres to agency, institutional or educational facility guidelines for obtaining ethics approval and undertaking research studies⁷⁵⁻⁷⁷.

Performance Criteria

The clinician will:

- Identify potential wound healing or management areas for clinical research.
- Demonstrate an understanding of research methods.
- Critique relevant studies and findings before applying the findings to clinical practice.
- Participate in research when applicable.
- Implement research findings within clinical practice.

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