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Note: This algorithm is intended for use by Wound Ostomy Care Nurses (WOCN) only
Nursing Assessment and Management for Skin and Wound Care

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**ORDER**

Provider identifies inpatient/outpatient need for WOCN consult

Provider to place order for WOCN consult to evaluate and treat

**ASSESSMENT**

WOCN performs patient assessment to determine condition of skin

1. Intact Skin
2. Partial Thickness Skin Loss
3. Full Thickness Skin Loss
4. Tumor

- **Intact Skin** → See Page 3
- **Partial Thickness Skin Loss** → See Page 5
- **Full Thickness Skin Loss** → See Page 6
- **Tumor** → See Page 7

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Department of Clinical Effectiveness V2

Approved by the Executive Committee of the Medical Staff on 08/28/2018
Nursing Assessment and Management for Skin and Wound Care

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**RECOMMENDATIONS**

- **Intact Skin**
  - Does the patient have a documented fungal infection?
    - Yes
      - Braden\(^2\) moisture subset score 3 or below?
        - Yes
          - Apply cleanser\(^1\) and one of the following topical antifungals:
            - Nystatin (Mycostatin\(^\text{®}\)) 100,000 units/gram powder
            - Miconazole (Soothe & Cool INZO\(^\text{®}\) Antifungal) 2% topical cream
        - No
          - Follow-up determined by WOCN
    - No
      - Apply cleanser\(^1\) and any of the following:
        - Moisture Barrier
          - Remedy\(^\text{™}\) Clear Aid Ointment
          - Calamine-menthol-zinc oxide (Remedy\(^\text{™}\) Calazine\(^\text{™}\) Skin Protectant) 3.5%–0.2%–16.5% topical paste
          - Nystatin-zinc oxide-lidocaine cream (NDX) (Compounded)
        - Films
          - No Sting Skin Barrier Wipe
          - No Sting Skin Barrier Spray
      - Apply cleanser\(^1\) and any of the following lotions:
        - Nutrashield\(^\text{™}\) 1.0% Skin Lotion
        - Urea (Carmol\(^\text{®}\)) 10% lotion
        - White petrolatum-mineral oil (Eucerin\(^\text{®}\)) cream

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\(^1\) Cleansers:
- Skin Cleanser: No Rinse Foam Cleanser
- Perineal Cleanser: Perineal Spray Cleanser
- Wipes: Fragrance-Free Flushable Perineal Wipes

\(^2\) See Appendix A for Braden Scale
APPENDIX A: Braden Scale

<table>
<thead>
<tr>
<th>Sensory Perceptions</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Sensory Perceptions</strong></td>
<td>Completely Limited: Unresponsive (does not moan, flinch, or grasp) to painful stimuli, due to diminished level of consciousness or sedation or limited ability to feel pain over most of body.</td>
<td>Very Limited: Responds only to painful stimuli. Cannot communicate discomfort except by moaning or restlessness or has a sensory impairment which limits the ability to feel pain or discomfort over half of body.</td>
<td>Slightly Limited: Responds to verbal commands, but cannot always communicate discomfort or the need to be turned or has some sensory impairment which limits ability to feel pain or discomfort in 1 or 2 extremities.</td>
<td>No Impairment: Responds to verbal commands. Has no sensory deficit which would limit ability to feel or voice pain or discomfort.</td>
</tr>
<tr>
<td><strong>Moisture</strong></td>
<td>Constantly Moist: Skin is kept moist almost constantly by perspiration, urine, etc. Dampness is detected every time patient is moved or turned.</td>
<td>Very Moist: Skin is often, but not always moist. Linen must be changed at least once a shift.</td>
<td>Occasionally Moist: Skin is occasionally moist, requiring an extra linen change approximately once a day.</td>
<td>Rarely Moist: Skin is usually dry, linen only requires changing at routine intervals.</td>
</tr>
<tr>
<td><strong>Activity</strong></td>
<td>Bedfast: Confined to bed.</td>
<td>Chairfast: Ability to walk severely limited or non-existent. Cannot bear own weight and/or must be assisted into chair or wheelchair.</td>
<td>Walks Occasionally: Walks occasionally during day, but for very short distances, with or without assistance. Sponds majority of each shift in bed or chair.</td>
<td>Walks Frequently: Walks outside room at least twice a day and inside room at least once every two hours during waking hours.</td>
</tr>
<tr>
<td><strong>Mobility</strong></td>
<td>Completely Immobile: Does not make even slight changes in body or extremity position without assistance.</td>
<td>Very Limited: Makes occasional light changes in body or extremity position but unable to make frequent or significant changes independently.</td>
<td>Slightly Limited: Makes frequent though slight changes in body or extremity position independently.</td>
<td>No Limitation: Makes major and frequent changes in position without assistance.</td>
</tr>
<tr>
<td><strong>Nutrition</strong></td>
<td>Very Poor: Never eats a complete meal. Rarely eats more than 1/3 of any food offered. Eats 2 servings or less of protein (meat or dairy products) per day. Takes fluids poorly. Does not take a liquid dietary supplement or is NPO and/or maintained on clear liquids or IVs for more than 5 days.</td>
<td>Probably Inadequate: Rarely eats a complete meal and generally eats only about 1/2 of any food offered. Protein intake includes only 3 servings of meat or dairy products per day. Occasionally will take a dietary supplement or receives less than optimum amount of liquid diet or tube feeding.</td>
<td>Adequate: Eats over half of most meals. Eats a total of 4 servings of protein (meat, dairy products per day). Occasionally will refuse a meal, but will usually take a supplement when offered or is on a tube feeding or TPN regimen which probably meets most of nutritional needs.</td>
<td>Excellent: Eats most of every meal. Never refuses a meal. Usually eats a total of 4 or more servings of meat and dairy products. Occasionally eats between meals. Does not require supplementation.</td>
</tr>
<tr>
<td><strong>Friction and Shear</strong></td>
<td>Problem: Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently slides down in bed or chair. Spasticity, contractures or agitation leads to almost constant friction.</td>
<td>Potential Problem: Moves feebly or requires minimum assistance. During a move, skin probably slides to some extent against sheets, chair, restraints or other devices. Maintains relatively good position in chair or bed most of the time but occasionally slides down.</td>
<td>No Apparent Problem: Moves in bed and in chair independently and has sufficient muscle strength to lift up completely during move. Maintains good position in bed or chair.</td>
<td>N/A</td>
</tr>
</tbody>
</table>

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**Nursing Assessment and Management for Skin and Wound Care**

**Partial Thickness Skin Loss**

- If pain at the wound site, pre-treat with lidocaine (Xylocaine®) 2% jelly

**Is the wound healing stalled or is there a predicted need?**

- Yes
  - Mist Therapy utilizing sodium chloride 0.9%
  - Chemical cauterization with silver nitrate 75%-25% topical stick and/or
  - One of the following hemostatic agents:
    - Clotting topical powder or
    - Gelfoam® sponge or
    - Surgicel® hemostat

- No
  - Bleeding
    - See Page 8 for Treatment
  - Hypergranulation and/or Closed Wound Edge
  - Chemical cauterization with silver nitrate 75%-25% topical stick
  - Neither Bleeding, Hypergranulation, or Closed Wound Edge

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If pain at the wound site, pre-treat with either of the following:
- Lidocaine (Xylocaine®) 2% mucosal jelly
- Lidocaine (Xylocaine®) 4% mucosal solution

Full Thickness Skin Loss

Bleeding

Hypergranulation and/or Closed Wound Edge

Neither Bleeding, Hypergranulation or Closed Wound Edge

Eschar or slough present?

No

Wound ready for active therapy?

No

Yes

Debridement of choice
- Conservative sharp wound debridement
- Debriding Agent, see Appendix C

Contact Primary team for authorization
- Negative Pressure Wound Therapy (NPWT) and/or Mist therapy utilizing sodium chloride 0.9%

See Page 8 for Treatment
Bleeding?

Yes

- Chemical Cauterization with silver nitrate 75%-25% topical stick and/or
- Choose one of the following hemostatic agents:
  - Clotting topical powder or
  - Gelfoam® sponge or
  - Surgicel® hemostat

No

See Page 8 for Treatment

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RECOMMENDATIONS
Nursing Assessment and Management for Skin and Wound Care

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TREATMENT (Full Thickness Skin Loss, Partial Thickness Skin Loss, and Tumor)

Apply cleanser of choice, see Appendix B  ➔ Apply product of choice, see Appendix C  ➔ Cover with absorbent dressing of choice, see Appendix D  ➔ Secure with Sterile Kerlix Bandage and/or ACE Bandage - Elastic Adhesive Bandage with clip  ➔ Follow-up determined by WOCN

APPENDIX B: Cleanser of Choice

• Antiseptics/Antimicrobials (All except Intact Skin)
  - Chlorhexidine gluconate (Hibiclens®) 4% Topical Liquid
  - Chlorhexidine gluconate (ChloraPrep Frepp) 2% solution
  - Sodium hypochlorite (Dakin’s® Quarter Strength) topical solution 0.125%
  - Sodium hypochlorite (Dakin’s® Half Strength) 0.25% topical solution
  - Povidone-iodine (Betadine®) topical solution 10%

APPENDIX C: Product of Choice

Debriding Agent (full thickness skin loss only)
- Collagenase (Santyl®) 250 units/g ointment
- Sodium hypochlorite (Dakin’s® Quarter Strength) topical solution 0.125%
- Sodium hypochlorite (Dakin’s® Half Strength) 0.25% topical solution

Hydrogel (All except Intact Skin)
- Cool Magic™ Hydrogel Dressing

Emollient (Vanicream™) Cream (All except Intact Skin)

Moisture Barrier (full and partial thickness skin loss only)
- Remedy™ Clear Aid Ointment
- Calamine-menthol-zinc oxide (Remedy™ Calazime™ Skin Protectant) 3.5%-0.2%-16.5% topical paste
- Nystatin-zinc oxide-lidocaine cream (NDX) (Compounded)

Medical Grade Honey (All except Intact Skin)
- Medihoney Calcium Alginate Dressing
- Medihoney™ hydrocolloid paste

Antimicrobial (All except Intact Skin)
- Silver antimicrobial (Silvasorb) wound gel
- Cadexomer iodine (Iodosorb) 0.9% gel
- Cadexomer iodine (Iodoflex) 0.9% topic pads

APPENDIX D: Absorbent Dressing of Choice

Non-Silver (All except Intact Skin)
- ABD pad
- Allevyn Adhesive Dressing
- Aquacel Dressing
- Aquacel Rope Dressing
- Duoderm Xthin Dressing
- Exu Dry Dressing
- Exu Dry Drain Tube Dressing
- Exu Dry Leg Dressing
- Exu Dry Torso Dressing

Silver (All except Intact Skin)
- Aquacel Ag Extra Hydrofiber Dressing
- Aquacel Sil Dressing
- Mepilex AG Dressing

Non-Adherent/Contact Layers (All except Intact Skin)
- Mepitel Dressing
- Mepitel Dressing One

Emollient
- Vaseline Petro Gauze
- Xeroform Dressing
SUGGESTED READINGS


This practice consensus algorithm is based on majority opinion of the Wound Ostomy Care workgroup at the University of Texas MD Anderson Cancer Center for the patient population. These experts included:

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