

## Wound healing pathway

Carry out initial wound assessment using Oxford Health's Wound Assessment Form

Consider and record evidence on the following criteria: (Please refer to the guidance on the back of this pathway)

Are there any general and/ or systemic factors that may affect healing outcome?

Are there any wound specific factors that may affect the healing outcome?

Are there any concordance factors that may affect the healing outcome?

Are there any resource and/ or skill factors that may affect the healing outcome?

For referral guidance please contact:

Phone: 01865 904959 or 904271

Fax: 01865 261757

Email: [tissueviability@oxfordhealth.nhs.uk](mailto:tissueviability@oxfordhealth.nhs.uk)

Have any specific factors been identified that cannot be addressed or could make the wound hard to heal?

YES

NO

### This is a hard to heal wound

Refer immediately to community tissue viability service

(See above for guidance on referral)

The need for advanced wound products may need to be considered

Establish and document treatment goals, timelines and a plan of care which will address the factors identified at assessment.  
Set a reassessment date

### Reassessment

Measure outcomes from initial or last assessment

Does anything suggest this wound is not healing, is slow to heal or will not heal?

YES

NO

## Guidance for assessing hard to heal wounds

Please tick any box that relates to the patient you are assessing. The greater the number ticked, the more at risk the wound is of being Hard to Heal.

| General   | Tick | Systemic   | Tick |
|---|------|--|------|
| Medication includes steroids, cytotoxic therapy or warfarin.    |      | Poor perfusion/ ischaemia/ peripheral vascular disease     |      |
| Impaired mental capacity (inability to make informed decisions) |      | Anaemia  |      |
|   |      | Auto-immune disease – i.e. rheumatoid arthritis, lupus etc |      |
| Social isolation  |      | Diabetes mellitus  |      |
| Health & social care needs                                      |      | End of life status   |      |
| A carer for others  |      | Poor nutritional status                                    |      |
| Financial/ employment issues                                    |      | Immobility   |      |
| Pain  |      | Smoker   |      |

| Wound specific   | Tick |
|--|------|
| <b>There has been less than 40% reduction of wound surface area after 6 weeks of treatment<br/>If ticking this box then please refer immediately to tissue viability</b> |      |
| Wound of a duration greater than 24 weeks  |      |
| Wound larger than 100cm <sup>2</sup> or a length equal to or greater than 10cm   |      |
| A wound deeper than 5mm, undermining or tracking (sinus/ cavity)   |      |
| Heavily exuding wound  |      |
| Devitalised tissue (Slough/ necrosis) in wound bed   |      |
| Maceration and/ or excoriation to wound edges  |      |
| Local wound bed infection (Critical colonisation)  |      |
| Systemic wound infection (Cellulitis)  |      |
| Oedema/ lymphoedema in affected limb   |      |
| Wound malignancy   |      |
| Full thickness wound, Exposed tendon, bone exposed   |      |

| Concordance – consider:   | Tick |
|---|------|
| Is it related to uncontrolled pain?   |      |
| Is it related to a lack of understanding or lack of mental capacity   |      |
| Could it be related to fear/ anxiety/ depression  |      |
| Is it related to you as a health care provider? i.e. The day/ time of visits or appts, the competence of staff, nurse/ patient relationship, interpersonal skills, lack of empathy. |      |

| Resource/ skill specific – consider:  | Tick |
|---|------|
| Lack of adequate equipment available.   |      |
| No or limited access to the dressings required for managing this wound.                 |      |
| No or limited access to specialists to support you with this wound.                     |      |
| No or limited access to education and training to enhance wound care knowledge & skills |      |