

The experience of a chronic wound



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Common Symptoms of a Wound

- Exudate
- Surrounding skin
- Infection
- Pain
- Odour

What type of wound do you have?

- Many different types of wounds
 - Pressure Injury
 - Diabetic foot ulcer
 - Venous leg ulcer
 - Arterial leg ulcer
 - Mixed leg ulcer
 - Malignant wounds
 - Skin tear
 - Traumatic wounds

You need to know what wound you have

- To be able to treat the cause
- Best practice evidence for the treatment of all wounds
 - Assessment and management should be carried out by staff with training, skills and experience in wound care
 - Reassess progress in healing regularly and refer to specialist may be necessary
 - A moist wound environment should be maintained for optimal healing
 - Effective pain management strategies
 - Optimal levels of nutrition

Risk Factors for Chronic Wounds

General patient conditions

Local factors

FACT: 12,500 people are living with diabetes-related amputations



Risk Factors for Different Types of Wounds

Skin Tears

- Visual impairment
- Altered mental status
- Changes in skin condition due to medication



Pressure Injury

- Alteration in mobility and activity
- Malnutrition
- Moisture
- Alteration in sensation and consciousness
- Comorbidities

Fact: Skin tears are found in various clinical settings and are highly prevalent yet preventable wounds

Risk Factors for Healing

Leg ulcers

- Longer wound duration
- Larger wound area
- Previous history of a wound
- Venous or arterial abnormalities
- Living alone



Risk Factors for Recurrence

Leg ulcers

- History of previous wounds
- Longer wound duration of previous wound
- Mobility and elevation



Risk assessment tools for delayed healing and recurrence of venous leg ulcers

Risk Assessment Tool Venous Leg Ulcers		Participant Code No. Date:	
At First Visit or Assessment			
Health, medical & social history			Score
1. Age (years)	<70 = 0	70 - 79 = 1	≥80 = 2
2. Ulcer Duration (weeks)	<24 = 0	24 - 51 = 1	≥52 = 2
3. History of previous Deep Vein Thrombosis in study ulcer leg	No = 0	Unknown = 0	Yes = 1
4. Client lives alone?	No = 0	Yes = 2	
Sub TOTAL			
On clinical examination			
5. Uses an aid to mobilise?	No = 0	Yes = 1	
6. Wound bed mainly slough and/or necrotic tissue?	No = 0	Yes = 1	
7. Ulcer area ≥5cm ² ?	No = 0	Yes = 3	
8. Treatment at present time with no, low or moderate level compression systems (<30mmHg)	No = 0	Yes = 3	
Sub TOTAL			
TOTAL SCORE O/A =			
≥10 = High Risk of Non-Healing; 4 - 9 = Moderate Risk; < 4 = Low Risk			
2 weeks after admission or first assessment			
9. 25% ulcer area reduction in 2 weeks	Achieved = 0	Not achieved = 6	
10. 2cm or more decrease in calf circumference in 2 weeks	Achieved = 0	Not achieved = 4	
TOTAL SCORE at 2 weeks after initial assessment =			
≥17 = High Risk of Non-Healing; 10 - 16 = Moderate Risk; ≤9 = Low Risk			



<http://www.vlur-risk-tools.org.au/>

Risk Assessment Tool Venous Leg Ulcer Recurrence		Date:	
At First Visit or Assessment (soon after healing)			
Health, medical & social history			Score
1. History of previous leg ulcers in this leg?	No = 0	Unknown = 0	Yes = 4
2. History of Deep Vein Thrombosis (DVT) in this leg?	No = 0	Unknown = 0	Yes = 1
3. Previous Ulcer Duration (weeks)	<52 = 0		≥52 = 1
4. BMI <22?	No = 0	Yes = 2	
5. Client lives alone?	No = 0	Yes = 1	
Sub TOTAL			
Preventive activities			
6. Is moving around on feet for at least 3 hours/day? (e.g. walking, doing housework, shopping)	No = 2	Yes = 0	
7. Elevating legs for 30 minutes/day or more? (above level of heart)	No = 3	Yes = 0	
8. Wearing compression hosiery Class 2 or above for at least 5 days/week?	No = 2	Yes = 0	
Sub TOTAL			
TOTAL SCORE =			

Multidisciplinary Team

