






Wound Assessment

Understanding whether a wound is improving or deteriorating



Wound Assessment

To understand whether a wound is improving or deteriorating it is important to carry out a complete holistic wound assessment.

Indicators of wound improvement or deterioration			
Parameter	Change that may indicate:		
	Improvement	Deterioration	Action: full holistic wound reassessment
 Wound bed	<ul style="list-style-type: none"> Increased amount of granulation tissue Decreased amount of slough/ necrotic tissue Reduction in wound area/volume* 	<ul style="list-style-type: none"> Increased amount of slough/necrotic tissue Decreased amount of granulation tissue Granulation tissue is friable Increase in wound area/volume* 	
 Exudate	<ul style="list-style-type: none"> Levels usually decrease as the wound moves through the phases of wound healing Change in consistency, e.g thicker to thinner 	<ul style="list-style-type: none"> Increased level Changed from clear to discoloured Change in consistency, e.g. thinner to thicker 	
 Periwound skin	<ul style="list-style-type: none"> Reduction, if present, of: <ul style="list-style-type: none"> Maceration Excoriation Erythema Swelling 	<ul style="list-style-type: none"> Development, or increase in extent of: <ul style="list-style-type: none"> Maceration/excoriation Erythema Swelling 	
 Odour	<ul style="list-style-type: none"> Less noticeable odour, or odour resolved if previously an issue 	<ul style="list-style-type: none"> Development, change in or worsening of unpleasant odour 	
 Wound-related pain	<ul style="list-style-type: none"> Reduced level of pain or reduced frequency of pain episodes 	<ul style="list-style-type: none"> Development, change in nature and/or increase in level of pain 	

Points to consider in the management of a deteriorating wound	
1	Complete a full holistic patient assessment using the CASE model, which uses the TIMES framework
2	Carry out wound bed preparation
3	Wound deterioration can indicate an increase in bacterial burden therefore assess the need for a topical antimicrobial dressing. Consider the use of a product with a physical mode of action
4	Assess for signs of spreading and systemic infection and act as per local protocol
5	For lower limb wounds carry out a full holistic vascular assessment and consider the need for compression
6	Reassess wound at regular intervals as per local protocol
7	Assess for the need for specialist referral
8	Patients with a diabetic foot ulcer and neuropathy may not experience pain. A patient with sudden onset of pain should be referred urgently.

To find out more on the principles of wound assessment, please see the **Best Practice Statement: Improving Holistic Assessment of Chronic Wounds¹** and the **Best Practice Statement: Antimicrobial Stewardship Strategies for Wound Management.²**

*N.B. Changes in wound area/volume may not be noticeable from one dressing change to the next, and a wound may increase in size when necrotic tissue and slough are removed. Taking photographs and measuring the wound helps to identify if the wound is improving or deteriorating.

References

- Wounds UK (2018) Best Practice Statement: Improving holistic assessment of chronic wounds. Wounds UK, London. Available at: <https://www.wounds-uk.com/resources/details/best-practice-statement-improving-holistic-assessment-chronic-wounds> (accessed 25.07.20).
- Wounds UK (2020) Best Practice Statement: Antimicrobial stewardship strategies for wound management. Wounds UK, London.