

For better care and wound healing outcomes



Improving Wound Assessment in Animals

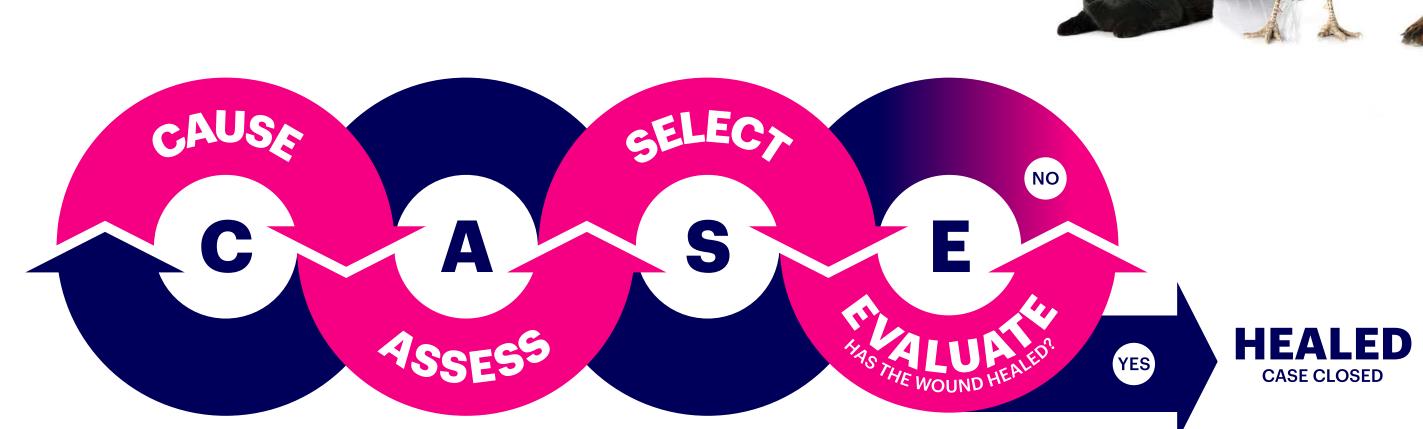


Wound care in animals will have different requirements depending on the species presenting.

Considering the animal's ability to heal and any other related risk factors, such as co-morbidities and nutrition etc, will help to ensure the healing process is optimised and wound closure achieved in a timely manner.

This guide aims to support you through the important steps that will improve the assessment of wounds, by taking a holistic approach for better wound healing outcomes, via a new and simple acronym - CASE.

You can access the relevant sections by clicking on side tabs or using the arrows. Press the had button to return to this page.









- Holistic patient assessment is essential to identify the underlying cause to effectively treat the wound
- To optimise your patient to improve their chances of healing, intrinsic and extrinsic factors can be altered to encourage healing
- Consider Please select an option for more info

>	Medical	and	surgical	history



> Nutrition and hydration



Medication



> Pain assessments



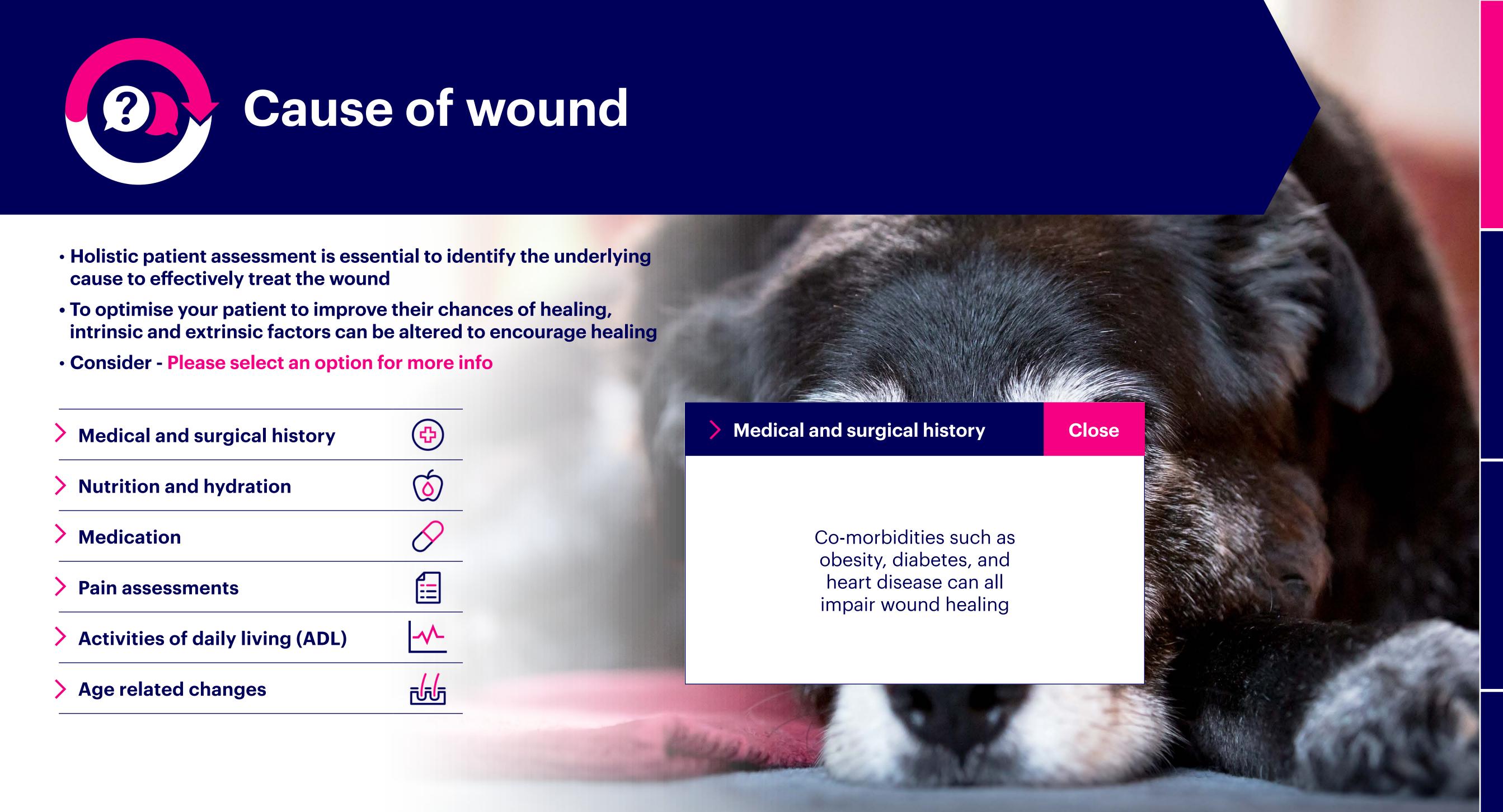
> Activities of daily living (ADL)



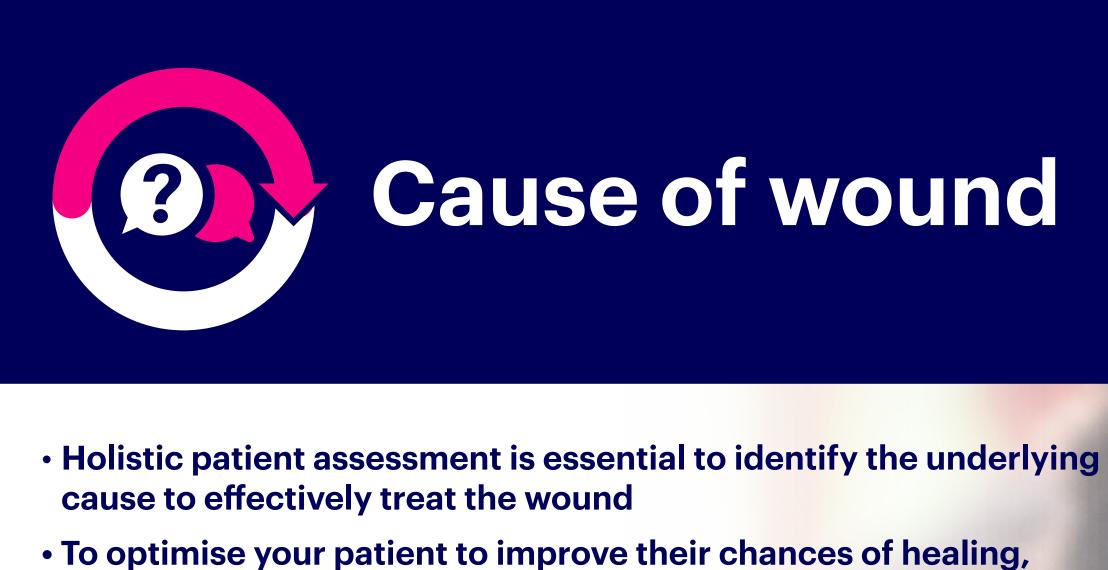
> Age related changes



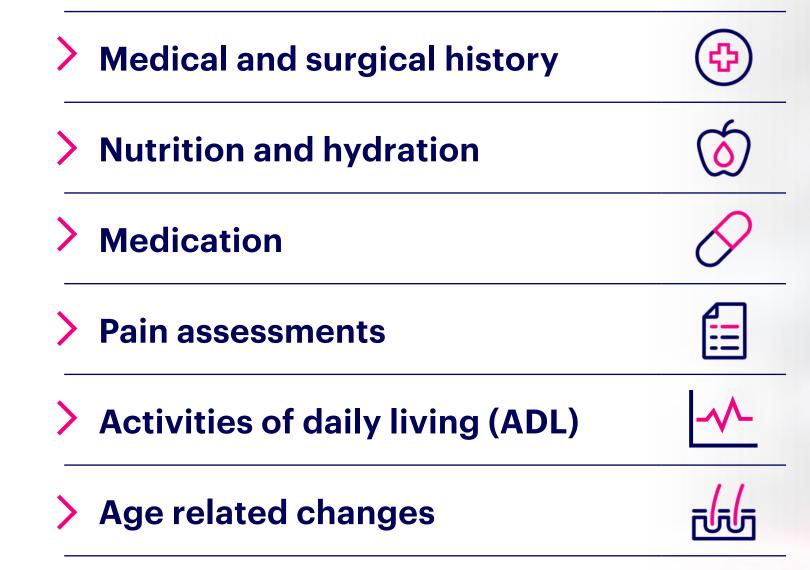








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- Consider Please select an option for more info



A patient with a poor diet will struggle to heal in a timely manner, establish if dehydration could also be an issue

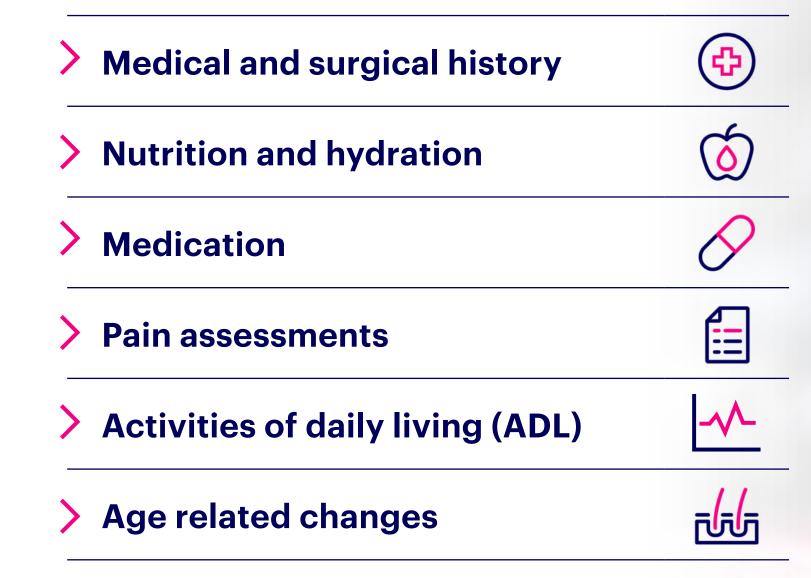
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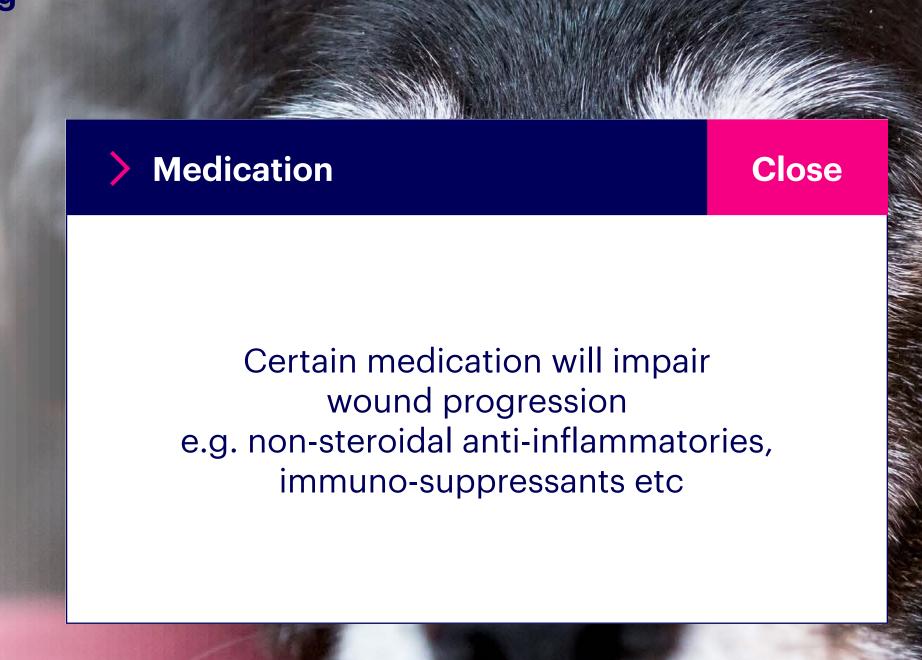
Nutrition and hydration





Consider - Please select an option for more info

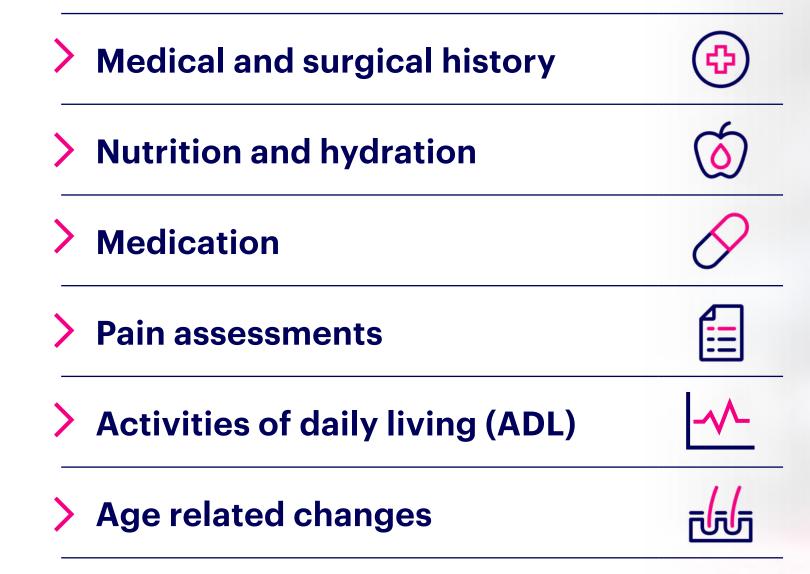


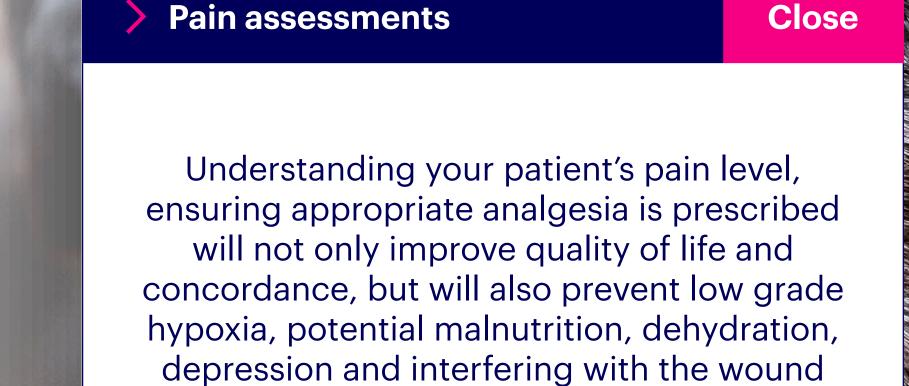






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Close





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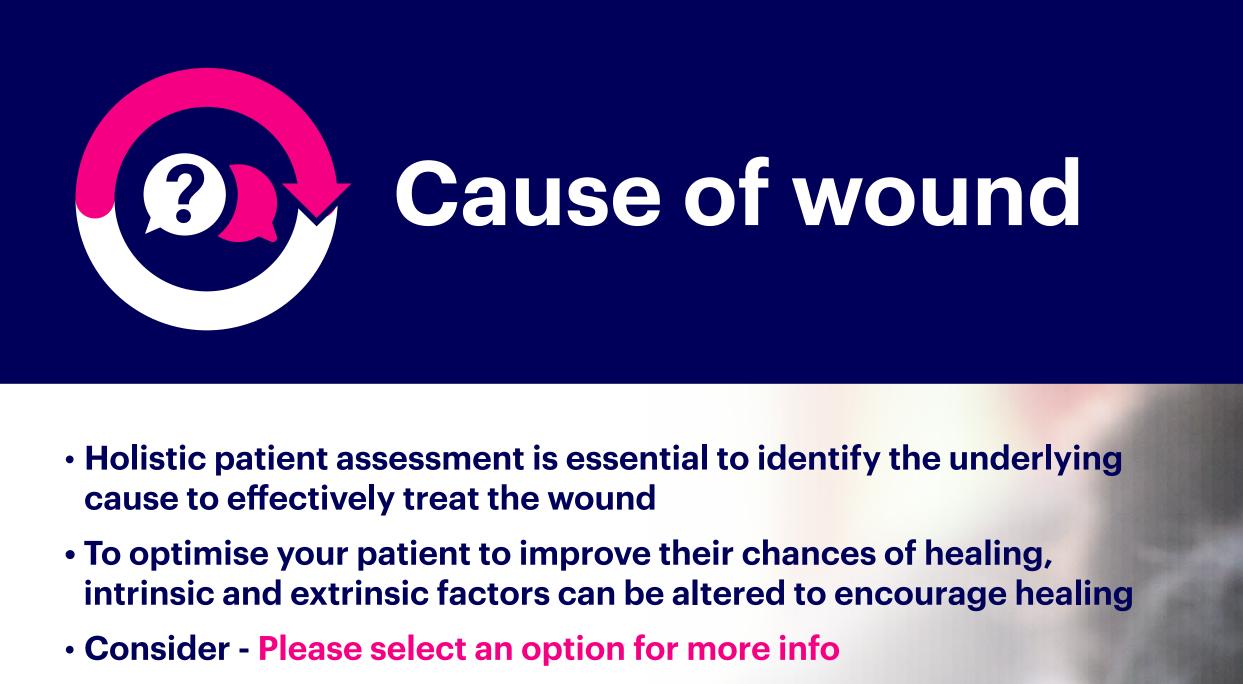
> Medical and surgical history	4
> Nutrition and hydration	Ó
Medication	8
> Pain assessments	
> Activities of daily living (ADL)	- ✓
> Age related changes	

A full ADL assessment should be performed to establish an appropriate treatment plan, that compliments the patient's lifestyle e.g. playing with toys, interacting with both humans and other animals, mobility issues, etc

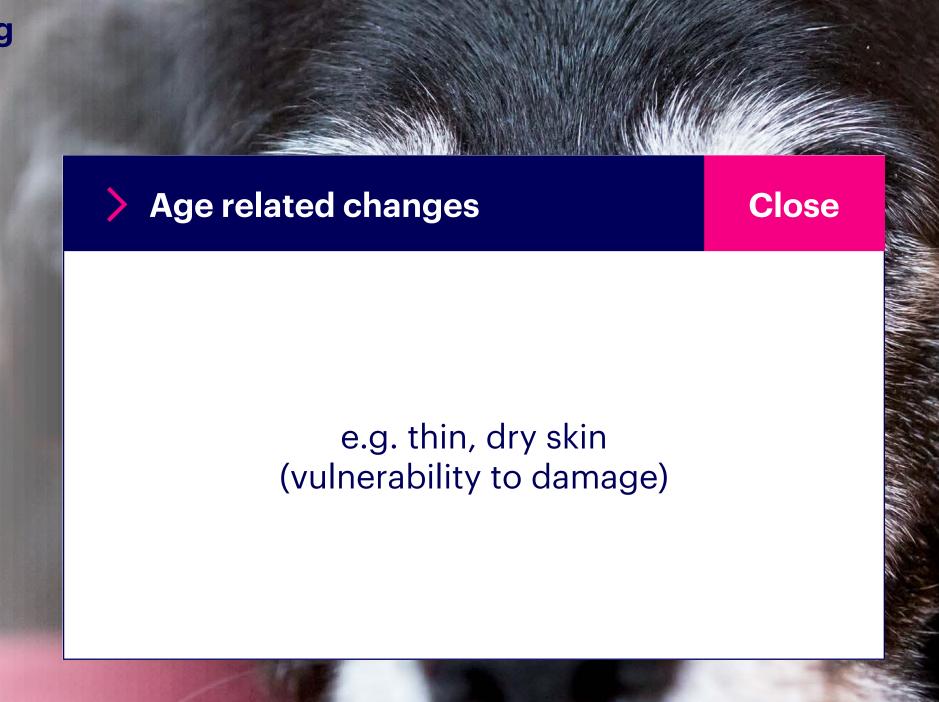
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Activities of daily living (ADL)





Medical and surgical history
 Nutrition and hydration
 Medication
 Pain assessments
 Activities of daily living (ADL)
 Age related changes







- How many wounds are there?

- Assess and document each wound separately

- When and how did the wound occur?

- Date and duration

- Where is the wound?

- Document the position of the wound/s

- What is the wound depth?

- Probe the wound to define depth and document

- What is the condition of the wound bed?

- Necrosis Slough
- Granulation Epithelialisation
- Exposed structures e.g. tendon or bone

- Wound measurements

- Document wound dimensions (length, breadth, depth)

- What is the condition of the wound edges?

- Advancing
- Non-advancing
- **Continued**







- What is the condition of the peri-wound Skin?

- Healthy- Macerated- Excoriated
- Eczema Dry

- Are there signs of infection?

- Pain Redness (erythema)
- Swelling Heat
- Odour Increased exudate
- Friable granulation tissue

- Assess exudate?

- Colour Consistency
- Amount

- Pain level?

- Use visual analogue scale to assess patient's pain level
- Record score
- Consider other underlying conditions e.g. arthritis
- Ensure appropriate analgesia is prescribed, monitored and reviewed regularly







- Now you have identified the wound cause and assessed the wound itself, use the T.I.M.E. framework to Select a suitable treatment and dressing regime
- Document your wound healing aims and objectives, with a clear PERIOD for review

If there is	Observations	Treatment objectives	Dressing / treatment options	Suggested Essity dressings	Desired clinical outcome
TISSUE NON-VIABLE	Slough or necrotic tissue present	Remove the non-viable tissue by debridement to aid wound progression	Options include: Autolytic, sharp surgical, enzymatic, mechanical or biological Hydrogel Debridement pad Larval therapy Moisture donating dressings	Cutimed® Gel - clear, amorphous hydrogel which can be used to help debride necrotic and sloughy tissue Cutimed® Sorbact® Gel - supports infection management and autolytic debridement in one dressing Cutimed® HydroControl® - unique moisture balancing dressing that either absorbs excess exudate or donates moisture	Viable wound base
INFLAMMATION OR INFECTION	High level of bacteria could cause: pain, redness, swelling, heat, odour, pus, increased exudate, friable granulation tissue	Reduce bacterial load to manage infection or inflammation Consider: - Antimicrobials - Protease inhibition - Antibiotics	Local infection – consider topical antimicrobial /bacterial binding dressings e.g. Sorbact® technology, silver, honey, PHMB, iodine Systemic infection: consider topical antimicrobial and antibiotics	Cutimed® Sorbact® - a range of dressings that display hydrophobic properties irreversibly binding bacteria in a moist wound environment. Suitable for the management and prevention of wound infection	Bacterial balance, reduced inflammation and wound progression
MOISTURE IMBALANCE	Heavy exudate - risk of maceration / excoriation Dry wound Friable skin Consider underlying cause of exudate	Aim for a balanced and optimal moist wound healing environment Choose a dressing to either absorb the excess exudate, or add moisture to dry wounds	High exudate - NPWT, superabsorbers, hydrofibres, alginates or foams Low exudate - hydrocolliods, hydrogels, films, moisture balancing dressing If maceration / excoriation present consider barrier preparation to protect vulnerable skin	Cutimed® Siltec® - foam dressings range offering effective and intelligent exudate management Cutimed® Sorbion® - range of super-absorbent dressings that retain high volumes of exudate, even under compression Cutimed® HydroControl® - unique moisture balancing dressing that either absorbs excess exudate or donates moisture Leukomed® - film dressing range	Optimal moist wound healing environment
ADVANCING / NON- ADVANCING EDGES	Advancing, epithelialisation visible or non-advancing e.g. undermining, rolled edges	Is your wound showing signs of epithelialisation? If yes, continue with treatment If no – re-assess starting with C of CASE	Barrier preparations (e.g. barrier creams, ointments or films) Wound contact layers to help prevent pain and trauma	Cutimed® PROTECT - spray, foam applicator or cream which provides a long-lasting protective barrier against incontinence, exudate, water loss from the skin and damage to peri-wound margins Cuticell® Contact - a silicone wound contact layer to help prevent pain and trauma	Advancing edge of wound, healthy peri- wound skin and signs of progression to wound closure





- Wound healing and patient status are a continually moving platform and so the treatment regime must be dynamic
- Evaluate the outcomes of your documented treatment plan
- Modify plan of care based on new observations, if wound progression is not observed go back to 'C' of CASE, document date for reassessment
- Provide information for your patient's owners on their treatment plan to create a partnership approach that will aid compliance and improve clinical outcomes







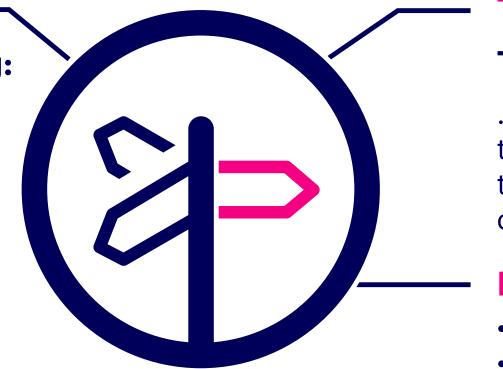
PATH - Brand new from Essity

CASE is a educational tool that is part of PATH, a gold standard education platform with a diverse selection of therapy areas and learning styles, to help you provide the best possible patient care.

You choose the educational journey that suits you

Therapy Areas Select from the following:

- Continence Care
- Lower Limb Management
- Lymphoedema Care
- Wound Management
- Orthopaedics
- Animal Healthcare



Topics

Then choose...

...from the available topics within each therapy area and the different learning styles

Learning Styles

- e-Learning
- Webcast
- Bitesize Learning
- Masterclasses and **Events**

If you would like further education on wound care ask your Essity Account Manager about **PATH Animal Care**. The training is modular-based so can be tailored to your needs and schedule. CPD certificates are provided. Further information can be found online at www.medical.essity.co.uk.

To contact your local Essity Account manager, call 01482 670100 or email animalhealthcare@essity.com

