Algorithm for Assessment and Management of Chronic Wounds (adult)

A holistic assessment and application of best practice will support improved outcomes for patients.

Key - Process ➔ Guidance ➔ * refer to local guidance and pathways

1) Identify type of wound:
Diabetic Foot Ulcer refer to diabetic podiatry/MDT

Venous Leg Ulcer

Pressure Ulcers

All other wounds

2) Holistic Assessment
• Patient: co-morbidities
• Wound: exudate, viscosity
• Consider other aetiology.

3) Identify if non-viable tissue present:
• Reduces effectiveness of topical agents
• Increases signs of inflammation, odour and infection.

4) Identify if infection present
Using Scottish Ropper Ladder for Infected Wounds (see appendix 2)

5) Choose dressing, cleansing and treatment options- based on holistic assessment above

6) Formal review of patient and wound at regular intervals
Minimum of every two weeks*

SIG 116 - Management of Diabetes (Revised 2014)
International Consensus
Diabetic foot problems: prevention and management,

SIG 120 - Management of Chronic Venous Leg Ulcers (August 2010)
Best Practice Statement: Holistic Management of Venous Leg Ulceration (2016)

Best Practice Statement (March 2009) Prevention and Management of Pressure Ulcers
Pressure Ulcer Prevention and Management Standards (September 2016)

General Wound Assessment Chart
Scottish Wound Assessment and Action Guide (SWAAG)
Local guidelines/pathways


Consider blood supply to wound
Is it suitable for debridement?

Yes

Debridement Options*:
Autolytic
Larvae
Sharp

No

Don’t debride
Keep dry
Refer to vascular or other relevant specialist service*

Refer to:
Local wound formulary

Healed
Monitor and prevention strategies

Not healed
Return to 2) Holistic assessment
If no signs of healing after 6 weeks refer to relevant specialist service*