Oxford University Hospitals
NHS Foundation Trust

Wound Assessment and Management Policy and Guidelines Policy on a Page

This policy should be read by all health care professionals, across the Trust, with responsibility for assessing and managing patients with wounds in clinical practice.

Key standards of the policy

Standard 1 All wounds must be assessed within 24 hours of admission by a Registered Practitioner. This must include wound aetiology, dimensions, tissue description and pain assessment. Full skin inspection should be completed within 6 hours of admission for signs of pressure damage.

Standard 2 An appropriate wound management care plan must be documented in the patient's clinical notes and agreed with the patient and/or their proxy. All care plans should be reviewed at each dressing change and the quantity of dressings used to fill any cavity should be clearly documented.

Standard 3 Discharge arrangements must include handover of appropriate wound assessment and management plans.

Standard 4 All staff require the knowledge, skill and attitude to accurately assess and manage wounds within their scope of professional practice.

Useful supporting documents

- Skin Care
- Stages and Treatment of Incontinence Associated Dermatitis/MASD
- Wound Assessment – TIMERS
- Wound Cleansing
- Wound Bed Preparation
- Wound Infection
- Skin Tear Pathway
- Nutrition and wound healing
- Patient Information Leaflet – *Dietary Information to Promote Wound Healing*
- Wound Pain
- Wound Debridement
- Malignant and Fungating wounds
- Haematoma Pathway
- Leech Therapy
- Larvae Therapy
- Topical Negative Pressure Therapy
- Surgical Wound Complications
- Leg Ulcer Assessment
- Epithelialising wounds
- Granulating wounds
- Sloughy wounds
- Necrotic wounds
- Managing wound exudate
- Cavity Wounds
- Burns and Scalds
- Lower Limb Management – 4 step
- Pressure Ulcer Pathway
- Discharging patients with wounds
- Tier 2 Tissue Viability Self-Verification Proficiency Framework for Registered Nurse, Nurse Associate and Midwives

For further information and/or support, please visit the Tissue Viability Sharepoint: The Tissue Viability Service – Home

Wound Assessment and Management Policy and Guidelines

Category:	Policy
Summary:	This policy has been developed to ensure best practice and standardisation of wound assessment and management for patients with wounds across the organisation.
Equality Impact Assessed:	November 2024
Valid From:	May 2025
Date of Next Review:	May 2028
Approval Date/ Via:	Inter- Professional Wound Advisory Group (IPWAG)- September 2024 CPG- December 2024
Distribution:	Trustwide
Related Documents:	Wound management product portfolio Consent to Examination or Treatment Policy Safeguarding Children and Adults at Risk Policy Infection Prevention and Control Policy Pressure Ulcer Prevention Policy Skin care Guidelines
Author(s):	Nurse Consultant Tissue Viability
Further Information:	Tissue Viability Sharepoint Site
This Document replaces:	Wound assessment and management policy and Guidelines (version 3.1)

Lead Director: Chief Nursing Officer

Issue Date: June 2026

This document is uncontrolled once printed.

It is the responsibility of all users to this document to ensure that the correct and most current version is being used.
This document contains many hyperlinks to other related documents.
All users must check these documents are in date and have been ratified appropriately prior to use.

Document History

Date of revision	Version number	Author	Reason for review or update
Replacement	1.0	Tissue Viability Service	New Policy
May 2017	2.0	Tissue Viability Service	Major Revision
December 2020	3.0	Tissue Viability Service	3 Yearly review Inclusion of Clinical Practice Protocols and the amalgamation of the Wound Infection Policy
August 2021	3.1	Tissue Viability Service	Inclusion of wound infection guidelines into policy
December 2024	4.0	Tissue Viability Service	3 yearly review. Simplified version to improve readability.

Consultation Schedule

Who? Individuals or Committees	Rationale and/or Method of Involvement
Inter-personal Wound Advisory Group	Drafts revised following group comments
Trust consultation	Draft Revised to reflect feedback
CPG	Review and Ratification

Endorsement

Endorsee Job Title
Chief Nursing Officer

Contents

Who should read this document?

1. This policy should be read by all health care professionals, across the Trust, with responsibility for assessing and managing patients with wounds in clinical practice.

Key Standards/Messages

Standard 1: All wounds must be assessed within 24 hours of admission, unless a care plan specifies an alternative time period, by a Registered Practitioner. This must include wound aetiology, dimensions, tissue description and pain assessment. Full skin inspection should be completed within 6 hours of admission for signs of pressure damage.

Standard 2: An appropriate wound management care plan must be documented in the patient's clinical notes and agreed with the patient and/or their proxy. All care plans should be reviewed at each dressing change and the quantity of dressings used to fill any cavity should be clearly documented.

Standard 3: Discharge arrangements must include handover of appropriate wound assessment and management plans.

Standard 4: All staff, responsible for wound management, require the knowledge, skill and attitude to accurately assess and manage wounds within their scope of professional practice.

Background/Scope

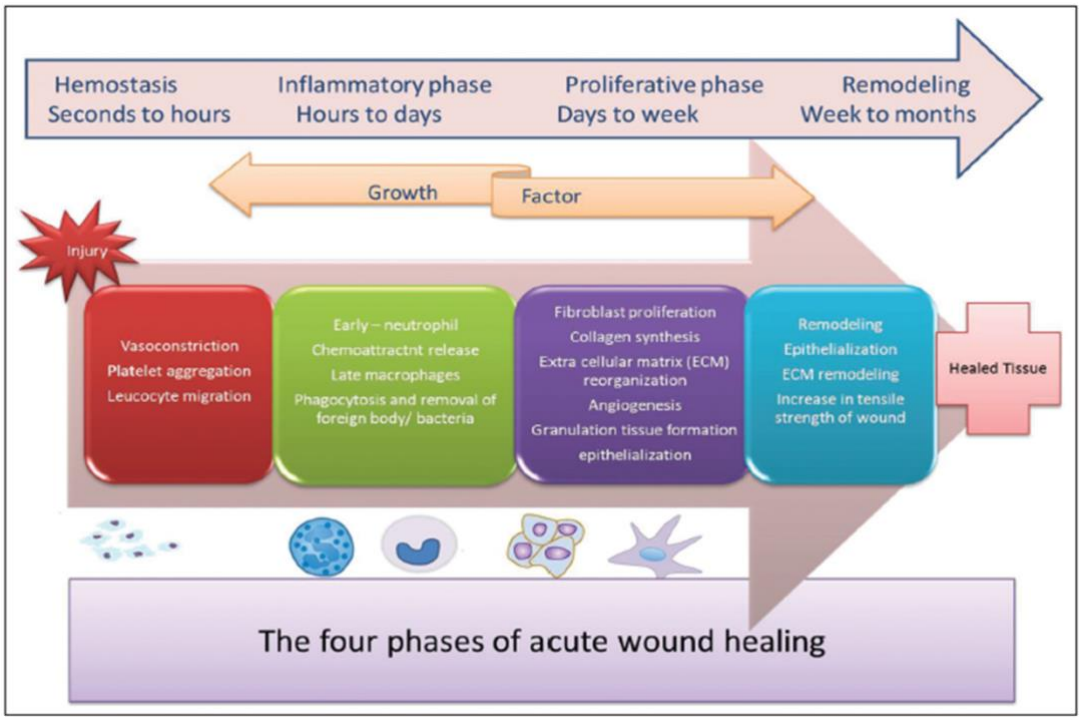
2. The Trust recognises the need to have a clinical policy and evidence-based guidance to inform and guide staff in appropriate wound assessment and management, and the importance of consistent individualised care in different care settings negotiated with patients and/or, their proxy.

3. Wound care represents the third highest cost for the NHS, of approximately £8.3 billion in 2017/18 (Guest, et al 2020).

4. This policy acknowledges that a person-centred, holistic approach to wound care is essential for successful and safe wound care delivery, including the integration of the physical, psychosocial, and relational aspects of care and form part of the key competence for a Registered Nurse as defined by the NMC, (Nursing and Midwifery Council, 2018).

5. Wounds have many different underlying causes such as trauma, intentional (surgical), ischaemia or pressure. Wound healing consists of multiple complex processes.

   - **Phase 1:** Haemostasis (day 1-3) aims to stop bleeding
   - **Phase 2**: Inflammation (day 3-20) formation of structure for blood vessel growth
   - **Phase 3:** Proliferation/Granulation (week 1-6) restructuring and closing the wound
   - **Phase 4:** Remodelling/Maturation (weeks 6-2 years) full closure



6. Wounds that fail to progress as expected, along this trajectory, may stall in the inflammatory phase. These wounds can be referred to as “Chronic” or “Hard to Heal” and can make slow progression through the healing phases, or show delayed, interrupted or stalled healing due to intrinsic and extrinsic factors that impact on the individual and their wound (IWII, 2016).

7. There is extensive variation in presentation from “Simple” wounds, that heal without further intervention, to “Complex” wounds that account for 67% of the £8.3 billion annual spend. Complex wounds require detailed assessment, identification of underlying aetiology and structure, significant intervention, multidisciplinary input, ongoing monitoring and shared decision making.

8. Recommended reading to support this Policy is available here: A short course in wound management (Dr Pagnamenta, Newcastle upon Tyne NHS Foundation Trust, 2022).

9. This document should also be used in conjunction with the most recent edition of the Royal Marsden NHS Trust Manual of Clinical Procedures - Chapter 15 Wound Management at http://www.rmmonline.co.uk/, for procedural guidance.

10. This Policy has been informed by the National Wound Care Strategy Programme/Skills for Health Wound Care Workforce and Core Capability Framework.

Key Updates

11. The Policy has been revised to reflect current best practice and clearly define responsibility and accountability at clinical level. Guidance documents have been developed to ease accessibility.

Aim

12. The aim is to provide guidance on best practice and timely care for patients with wounds.

Standards

Standard 1

13. All wounds must be assessed within 24 hours of admission, unless a care plan specifies an alternative period by a Registered Practitioner. This must include wound aetiology, dimensions, tissue description and pain assessment. Full skin inspection should be completed within six hours of admission for signs of pressure damage. Wound assessment must be fully documented at each dressing change. It is recommended that photographs be taken every 7 days, as a minimum, to support ongoing wound monitoring.

14. **Supporting Documents:**The following documents have been developed to provide healthcare practitioners with evidence based guidance in holistic wound assessment. All supporting documents have been reviewed and approved by the Inter-professional Wound Advisory Group (IPWAG).

- Skin Care
- Stages and Treatment of Incontinence Associated Dermatitis/ MASD
- Wound Assessment - TIMERS
- Wound Cleansing
- Wound Bed Preparation
- Wound Infection
- Skin Tear Pathway
- Nutrition and wound healing
- Patient Information Leaflet - Dietary Information to Promote Wound Healing
- Wound Pain
- Wound Debridement
- Malignant and Fungating wounds
- Haematoma Pathway
- Leech Therapy
- Larvae Therapy
- Topical Negative Pressure Therapy
- Surgical Wound Complications
- Leg Ulcer Assessment

Standard 2: Care Planning

15. Following holistic assessment (as above), wound treatment plans should be negotiated with the patient and/or their proxy and must be documented in a care plan for the specific wound in the patient's clinical notes to ensure continuity of care.

16. Care plans must be reviewed each dressing change and amended if necessary to reflect any change in the treatment plan. This must include a full quanitiy count of those used to fill cavities to reduce the risk of patient harm from missed products.

17. **Supporting Documents:** The following documents have been developed to provide healthcare practitioners with evidence based guidance in care planning. All guidance documents are reviewed and approved by IPWAG.

- Epithelialising wounds
- Granulating wounds
- Sloughy wounds
- Necrotic wounds
- Managing wound exudate
- Cavity Wounds
- Burns and Scalds
- Lower Limb Management – 4 step
- Pressure Ulcer Pathway

Standard 3: Planning for discharge

18. Discharge arrangements must include handover of appropriate wound assessment and management plans.

19. The community team must be informed as soon as possible prior to discharge to arrange continued wound management. Appropriate assessment and care plans must be discussed with the community team and a copy given to the patient on discharge along with contact details of relevant health care professionals. If the wound is complex, or the patient requires complex support on discharge, the ward team must consider liaison with specialist teams to support a safe discharge.

20. Patients discharged with wounds should be provided with sufficient dressings and consumables to facilitate 14 days supply of dressing changes. This must include, but not limited to, dressing packs, wound cleansing solutions, dressings and tapes if necessary and any skin protectants and documented on EPR or the patient's clinical notes.

21. Patients will be provided with sufficient information to enable them to care for their wounds or seek further support from their local healthcare providers, if appropriate.

22. Documentation of the number and sizes of all dressings applied (including a full quanitiy count of those used to fill cavities) at discharge **must** be provided to the ongoing care providers to ensure dressings are identified and not retained.

23. **Supporting Documents:** The following documents have been developed to provide healthcare practitioners with evidence based guidance in discharging patients with wounds. All guidance documents have been reviewed and approved by IPWAG.

- Discharging patients with wounds

Standard 4: Competence

24. All staff involved with patient wound assessment and management in clinical practice must maintain their own competence.

25. Proficiencies to support Registered Nurses and Midwives ongoing knowledge development are available here:

    Self Verification for Registered Nurses and Nurse Associates and Midwives

26. Any concerns must be raised with line managers and a remedial plan developed to promote learning and ensure competence. The Tissue Viability Service (TVS) facilitates sessions for Wound Assessment and Management bookable through My Learning Hub (MLH). Bespoke sessions may be arranged with the Tissue Viability Service directly if requested by clinical areas.

Review

27. This policy will be reviewed every 3 years, as set out in the *Policy for the Development and Implementation of Procedural Documents.*

28. This policy may need to be revised before this date, particularly if national guidance or local arrangements change where implementation is unsuccessful or where audits necessitate a policy review. This will be undertaken as per the Terms of Reference of the Inter-professional Wound Advisory Group

References

29. Guest, J.F., Fuller, G.W., Vowden, P. (2020). Cohort study evaluating the burden of wounds to the UK's National Health Service in 2017/2018: update from 2012/2013. BMJ Open 2020;10:e045253. doi:10.1136/ bmjopen-2020-045253. Available at: https://bmjopen.bmj.com/content/10/12/e045253 (accessed November 2024)

30. National Wound Care Strategy Programme/Skills for Health Wound Care Workforce and Core Capability Framework (2023) Available at: https://www.skillsforhealth.org.uk/wp-content/uploads/2023/10/Wound-Care-Workforce-Framework-FINAL-for-publication.pdf (Accessed November 2024)

31. Pagnamenta F. The Newcastle Upon Tyne Hospitals. A Short Course in Wound Management (2022) Available at: ouhnhsuk.sharepoint.com/sites/TissueViability/SiteAssets/Forms/AllItems.aspx?id=%2Fsites%2FTissueViability%2FSiteAssets%2FSitePages%2FEducational-Resources%2FNewcastle-Hospitals---A-Short-Course-in-Wound-Management-4th-Edition%2Epdf&parent=%2Fsites%2FTissueViability%2FSiteAssets%2FSitePages%2FEducational-Resources (Accessed December 2024)

Appendix 1: Responsibilities

1. **The Chief Nursing Officer:** is responsible for ensuring that standards of clinical care are maintained in the OUH. They are supported in this by the Chief Medical Officer and the Director of Infection Prevention and Control.
2. **Divisional Directors:** Will ensure standards for wound care are met by their clinical teams.
3. **The Nurse Consultant for Tissue Viability and Tissue Viability Team will**:
    - 3.1. Chair the Inter-Professional Wound Advisory Group (IPWAG)
    - 3.2. Make written guidance available for evidence based wound care as detailed below and via the Trust intranet.
    - 3.3. Advise clinicians on the management of complex wounds.
    - 3.4. Advise on competence, standards and training associated with wound management.
    - 3.5. Advise on best practice, development, research and audit.
4. **Matrons and Ward Managers will:**
    - 4.1. Ensure staff are proficient in wound care
    - 4.2. Ensure safe and effective use of the use of the wound care portfolio
    - 4.3. Promote best practice.
    - 4.4. Facilitate timely access to recommended wound products and equipment.
    - 4.5. Adhere to reporting mechanisms.
5. **Registered Nursing Staff will:**
    - 5.1. Ensure they are aware of the details of this policy
    - 5.2. Act in keeping with the Nursing and Midwifery Council Code of Professional Conduct to work within an appropriate level of competence, promote standards, support learners, and keep effective records.
    - 5.3. Ensure they are proficient to carry out detailed wound assessment and management of wounds as outlined in this policy (see appendix 3).

Appendix 2: Definitions

1. **Simple wound**: A simple wound: a single, likely acute, wound which heals spontaneously (without clinical intervention) in the absence of any factors which can affect wound healing. Examples: an uncomplicated surgical wound or abrasion
2. **Complex wound:** A complex wound: one or more wounds where there are underlying factors which can make healing difficult, and which require clinical intervention. Examples: Lower limb ulceration, pressure ulcers, complex surgical wounds, fungating wounds, burns, traumatic wounds, calciphylaxis, surgical site infections, over granulation, diabetic foot ulceration, Fournier's gangrene, BCC and pilonidal sinuses
3. **Primary intention** - there is no tissue loss, and the skin edges are held together, usually with clips or sutures e.g. surgical incision. The surface of the surgical wound should be sealed within 24-48 hours. Healing progresses beneath the sealed surface.
4. **Secondary intention** – open wound with greater tissue loss. The edges are far apart. Healing occurs by granulation and wound contraction e.g. leg ulcer, pressure ulcer, burn. There is increased risk of contamination and infection.

Appendix 3: Education and Training

1. There is no mandatory training associated with this policy. For training on Wound Assessment and Management Sessions please refer to the Tissue Viability SharePoint or My Learning Hub, Tissue Viability Academy. The Self-Assessment Proficiency workbook is available here: Self Verification for Registered Nurses and Nurse Associates and Midwives

Appendix 4: Monitoring Compliance

2. Compliance with the document will be monitored in the following ways.

What is being monitored:	How is it monitored:	By who, and when:	Minimum standard	Reporting to:
Compliance with Standards highlighted in this Policy	Monthly audit of Wound Assessment and Management practice in all inpatient areas through OUH Assure	Ward Leaders	90% compliance	Divisional Clinical Improvement Groups

Appendix 5: Referral Criteria for Tissue Viability

https://ouhnhsuk.sharepoint.com/sites/TissueViability/SitePages/Tissue-Viability-Referrals.aspx

Appendix 6: Equality Impact Assessment (This is a mandatory heading)

Equality Impact Assessment Template

1. Information about the policy, service or function

What is being assessed	Existing Policy / Procedure
Job title of staff member completing assessment	Nurse Consultant Tissue Viability
Name of policy / service / function:	Wound Assessment and Management Policy
Details about the policy / service / function	This policy has been developed to ensure best practice and standardisation of wound assessment and management for patients with wounds across the organisation.
Is this document compliant with the Web Content Accessibility Guidelines?	Yes
Review Date	November 2027
Date assessment completed	November 2024
Signature of staff member completing assessment	
Signature of staff member approving assessment	

2. Screening Stage

Who benefits from this policy, service or function? Who is the target audience?

- Patients
- Staff

Does the policy, service or function involve direct engagement with the target audience?

Yes - *continue with full equality impact assessment*

3. Research Stage

Notes:

- If there is a neutral impact for a particular group or characteristic, mention this in the 'Reasoning' column and refer to evidence where applicable.
- Where there may be more than one impact for a characteristic (e.g. both positive and negative impact), identify this in the relevant columns and explain why in the 'Reasoning' column.
- The Characteristics include a wide range of groupings and the breakdown within characteristics is not exhaustive, but is used to give an indication of groups that should be considered. Where applicable please detail in the 'Reasoning' column where specific groups within categories are affected, for example, under Race the impact may only be upon certain ethnic groups.

Impact Assessment

Characteristic	Positive Impact	Negative Impact	Neutral Impact	Not enough information	Reasoning
Sex and Gender Re-assignment – men (including trans men), women (including trans women) and non-binary people.			X		
Race - Asian or Asian British; Black or Black British; Mixed Race; White British; White Other; and Other			X		
Disability - disabled people and carers			X		
Age			X		
Sexual Orientation			X		
Religion or Belief			X		
Pregnancy and Maternity			X		
Marriage or Civil Partnership			X		
Other Groups / Characteristics - for example, homeless people, sex workers, rural isolation.			X		

Sources of information

- *List any sources of information used*

Consultation with protected groups

List any protected groups you will target during the consultation process, and give a summary of those consultations

Group	Summary of consultation

Consultation with others

N/A

4. Summary stage

Outcome Measures

List the key benefits that are intended to be achieved through implementation of this policy, service or function and state whether or not you are assured that these will be equitably and fairly achieved for all protected groups. If not, state actions that will be taken to ensure this.

Enter details here

Positive Impact

List any positive impacts that this policy, service or function may have on protected groups as well as any actions to be taken that would increase positive impact.

Enter details here

Unjustifiable Adverse Effects

List any identified unjustifiable adverse effects on protected groups along with actions that will be taken to rectify or mitigate them.

Enter details here

Justifiable Adverse Effects

List any identified unjustifiable adverse effects on protected groups along with justifications and any actions that will be taken to mitigate them.

Enter details here

Equality Impact Assessment Action Plan

Complete this action plan template with actions identified during the Research and Summary Stages

Identified risk	Recommended actions	Lead	Resource implications	Review date	Completion date