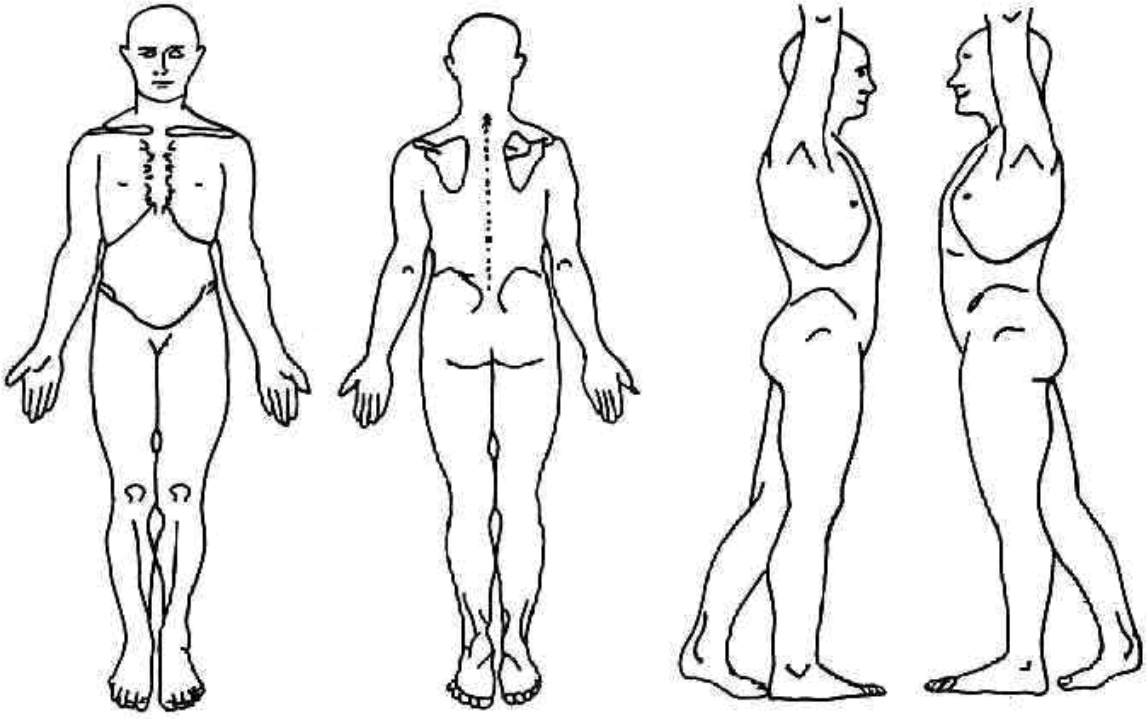
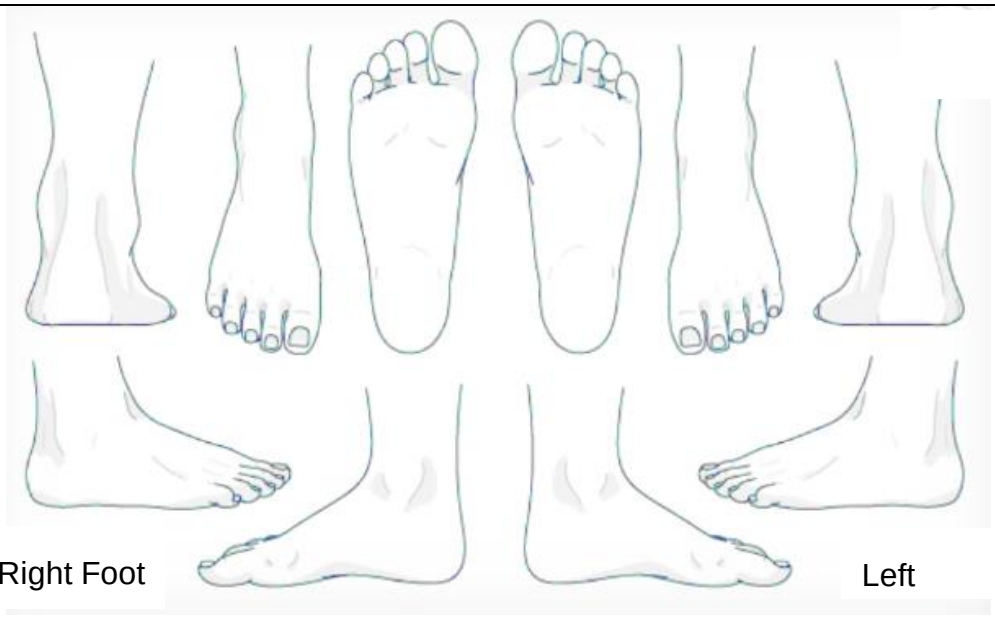
NDIS LWB 5552 Complex Wound Management - Protocol

- This Complex Wound Assessment and Management Protocol must be developed with the person we support and a Health Practitioner such as a Registered Nurse, Podiatrist or General Practitioner only and overseen by a Registered Nurse at minimum.
- The Health Professional completing this Protocol must determine the required review period based on the wound type and the needs of the person we support.
- **Staff members must be appropriately trained to undertake any support.**
- This Complex Wound Management Protocol should be read in conjunction with the NDIS LWB 5551 Complex Wound Care and Pressure Injury – Procedure.

Wound Assessment – (*to be completed by a Health Professional)*			
Name of the person we support:		**CIRTS ID:**	
Health Professional(s) involved:	☐ RN ☐ Podiatrist ☐ Dietitian ☐ Physiotherapist ☐ GP		
Health Professional(s) Contact details:			
Location of wound			





Right Foot Left

Factors that could impact healing					
☐	Immobility	☐	Diabetes	☐	Vascular Disease
☐	Smoking	☐	Respiratory Illness	☐	Incontinence
☐	Oedema	☐	Medication	☐	Anaemia
☐	Poor Nutrition	☐	Inotropes	☐	Anti-coagulants
☐	Steroids	☐	Chemotherapy	☐	Other:
Type of Wound					
☐	Skin tear	☐	Leg ulcer	☐	Pressure ulcer
☐	Skin graft	☐	Skin Cancer	☐	Surgical
☐	Rash	☐	Venous / arterial ulcer	☐	Other:
Wound Description – include approximate % of wound					
☐	Red / granulating %	☐	Yellow / sloughy %	☐	Black / nectrotic %
☐	Pink %	**Length** in Centimetres:		**Width** in Centimetres:	
Depth of Wound					
☐	Superficial	☐	Partial (epidermis & dermis)	☐	Full (e,d & subcutaneous)
☐	Deep (involving muscle, tendon & or bone				
Infection					
☐	No sign	☐	Suspected	☐	Confirmed

☐	Swab obtained				
Exudate					
☐	None / scant	☐	Small amount	☐	Moderate amount
☐	Large copious amount				
Surrounding Skin					
☐	Healthy	☐	Inflamed	☐	Dry
☐	Crusty	☐	Fragile		
Pain					
☐	Always present	☐	Intermittent	☐	At dressing change
☐	Nocturnal				

Wound Management Protocol – (*Health Professional to describe dressings to be used and placement below*)**.**
Protocol to be reviewed by Health Professional every **week/s** - *(to be completed by Health Professional).*
Signs a review of this plan should occur immediately - *(to be completed by Health Professional).*

Assessor of wound *(must be a qualified health professional)*			
Name:		**Title:**	
Signature:		**Date:**	
Contact details: *(if different from above)*			

Changing of dressings and the completion of this chart is to be completed staff who have been trained by a Health Professional only.

Dressing Information *(to be completed by staff as they provide support)*				
Date	**Description of site (e.g. red/pink/better/worse)**	**Size in CMs**	**Dressings applied**	**Signature**

Dressing Information *(to be completed by staff as they provide support)*				
Date	**Description of site (e.g. red/pink/better/worse)**	**Size in CMs**	**Dressings applied**	**Signature**

Upload to CIRTS as follows:
Plans & Assessments > New Plan > Service Type = the service providing the support > Plan name – [select from drop down] Complex Wound Management Protocol > relevant dates > Add New Attachment > SURNAME, First Name. YYYY.MM.DD

LWB Staff and Health Professional Declaration (*All staff who work with this person to sign along with treating Health Professional)*					
I have read and understood this Protocol and have received training relevant to the person's support needs. I agree to implement the attached protocol.					
Staff Name	Signature	Date	Health Professional Name	Signature	Date

Review - *(to be completed by Health Professional)*

- This protocol must be reviewed by a Health Professional every week/s. The Health Professional should also include signs that, if observed by staff, indicate an immediate review should take place. LWB Disability Support Staff must also monitor the person's health in the context of the STOP AND WATCH principles outlines in the NDIS LWB 5501 Health and Wellbeing - Procedure.
- Protocol reviews can only be completed by the Health Professional who originally developed the protocol or another health professional with equivalent qualifications. If the Health Professional has changed since the original protocol was developed, they may wish to develop a new protocol.
- If the current protocol no longer meets the needs of the person we support, a new protocol is required.

Treating Health Professional Declaration

I have today reviewed this protocol and confirm that it remains appropriate to meeting the needs of the person.

Health Professional Name and Title	Health Professional Signature	Date