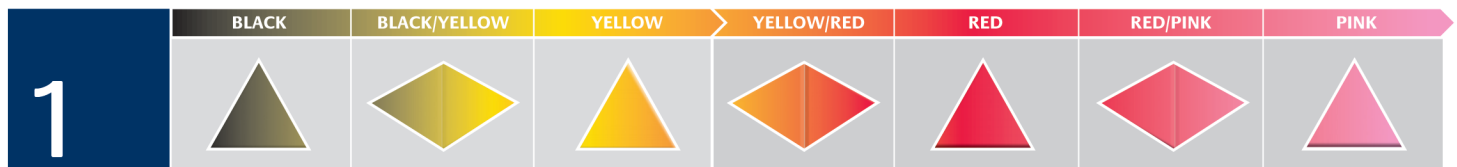


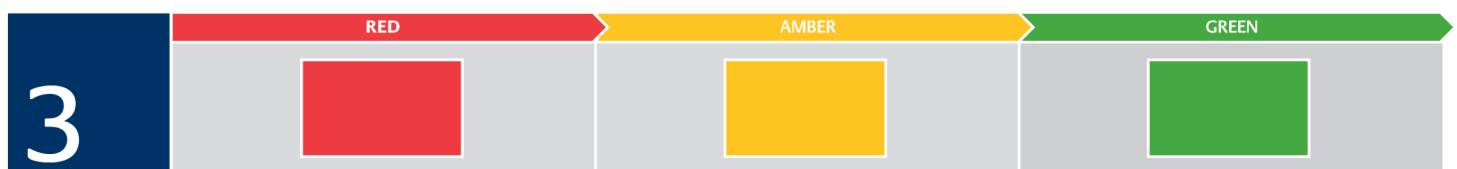
THE WOUND HEALING CONTINUUM



THE WOUND INFECTION CONTINUUM



THE WOUND EXUDATE CONTINUUM



1 Using the Wound Healing Continuum

- This is a tool to assist in wound assessment and identification of treatment objectives.
- Identify the colour of tissue located within the wound bed, the colour furthest to the left in the continuum. This is the colour of primary importance and the tissue can be described as such, e.g. black.

Example
If the wound contains yellow slough and red granulation tissue, it is defined as a yellow/red wound. The management plan would be the removal of the yellow slough and promotion of granulation tissue.

The overall objective is to progress the wound across the continuum from left to right, to the pink (healing) phase. There will be occasions where this may not be a suitable objective owing to the overall condition of the patient.

2 Using the Wound Infection Continuum

The Wound Infection Continuum is based on identifying the level of bacterial colonisation. Wounds that fall into spreading infection, local infection and critical colonisation should have a treatment plan that reflects the level of bacterial colonisation. However, wounds which are colonised are in a healthy state likely to facilitate healing.

The four key levels are:

Spreading Infection This is the most severe and can be life-threatening. Spreading infection can be characterised by the following symptoms: spreading redness (greater than 2cm around wound margins) very high exudate levels, pain, malodour, heat in the surrounding tissues and blistering.

Local Infection Presents with similar symptoms to spreading infection but is localised to the

wound and shows no signs of spreading.

Critical Colonisation Characterised by delayed healing, with the possible presence of malodour and increased exudate production. However, the wound does not present as if locally infected.

Colonised The normal state for a wound healing by secondary intention. A reduction in the wound size over a two week period would suggest an acceptable level of colonisation.

3 Using the Wound Exudate Continuum

The Wound Exudate continuum is an aid to quantifying wound exudate by recording both volume and viscosity.

When reviewing the wound, the exudate on the dressing and present in the wound should be assessed along with information relating to the number of dressings changes required over a 24-48 hour period.

Red Zone Indicates wounds which require serious concern as they have both high volume and high viscosity. This may be attributed to spreading infection, sinus or fistula formation or some other cause for concern.

Amber Zone Wounds located within the amber zone may be progressing well, where the exudate is consistent with the stage of healing, e.g. wound debridement. It may previously have been located within the red zone which would clearly indicate an improvement in condition.

If, however, it has been previously placed in the green zone, a change has occurred and this should be reflected within the treatment plan.

Green Zone Indicates minimal exudates. Observation for any deterioration should be made regularly. This is the zone in which healing is most likely to take place.