

## Wound - Surgical Site Infection Clinical Pathway Dehisced Surgical Wounds Healing by Secondary Intention

Surname: _____	First Name: _____
CHRIS #: _____	Date of Birth (DD/MM/YYYY): _____
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**Surgical Site Infection: (SSI):** **Superficial incisional SSI:** involves only skin or subcutaneous tissue of the incision  
**Deep incisional SSI:** involves deep soft tissues (such as fascia and muscle layers)  
**Organ space SSI:** involves any part of the anatomy (other than the incision) opened or manipulated during operation

To be completed at least once weekly and/or with change in SDW condition <i>*This tool is used only as a guide and does not replace clinical judgment</i>		✓ where applicable; (N/A) where not applicable			
ASSESSMENT	Date/Initial →				
Complete a comprehensive SDWLHQW history and assessment including: age, gender, comorbidities, medications, and nutritional status					
Perform and document a complete pain assessment					
Perform and document a complete wound assessment identifying wound bed appearance (need for debridement), exudate (type and amount) Assess for tunnelling / undermining / fistulas / sinus tracts and peri wound area					
Assess wound for signs and symptoms of infection: induration, increased exudate, unusual odour, delayed healing, friable or discoloured granulation tissue, peri wound erythema >2cm and report to MD					
Notify MD if signs of systemic infection (i.e. fever)					
Assess patient adherence and understanding of treatment plan					
For extremity wounds perform a bilateral vascular assessment including an <b>ABPI*</b>					
<b>GOALS</b>					
Wound will be protected from infection, insulated and supported in a moist wound healing environment					
Patient will have acceptable pain management and report a decrease in pain intensity					
Patient will demonstrate progression towards healing within a reasonable time frame (i.e. >20% in 3 weeks)					
Patient factors contributing to infection will be corrected (i.e. nutritional support, glycemic control, restoration of balance between host resistance and microorganisms)					
<b>WOUND TREATMENTS</b>					
Mechanically irrigate and cleanse wound with PSI pressure between 4-15					
Pat peri-wound dry and apply barrier, skin prep for protection					
Select dressing to keep wound moist, control exudate and avoid maceration of peri-wound area					
<i>Non exudating</i> wound: Apply primary dressing <b>Hydrogel (****)</b> Apply secondary dressing – thin foam, hydrocolloid or transparent film (****)					
Manage <i>exudate</i> : <b>Calcium alginate/hydrofibre (****)</b> Apply secondary dressing: <b>Foam/Super Absorbent (****)</b>					
Manage <i>bioburden</i> : apply antimicrobial dressing - for <i>exudating</i> wound <b>absorbent silver</b> or <b>Cadexomer Iodine (****)</b> Apply secondary dressing: <b>Foam/Super Absorbent (****)</b>					
Manage bioburden in <i>non-exudating</i> wound ( <b>nanocrystalline silver</b> moistened with sterile water or <b>hydrogel (****)</b> )					

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### Dehisced Surgical Wounds Healing by Secondary Intention

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ASSESSMENT	Date/Initial →				
Apply secondary dressing: hydrocolloid or transparent film (****)					
Change dressing Q_____ (3-7) days depending on type of dressing used and as needed					
If chronic inflammation is suspected, consider protease inhibitor (****)					
Consider NPWT for full thickness dehisced wounds with moderate to heavy exudate					
Document variance if deviation from Clinical Pathway – Document Tracking Form					
NUTRITION					
Encourage regular meals throughout the day. Encourage meal plan to meet recommendations of Canada Food Guide					
Encourage adequate fluid intake (1.5-2L/day) unless contraindicated					
DIAGNOSTIC TESTS					
CT for unexplored fistulas or sinus tracts (inability to determine wound base)					
Obtain culture and swab as per MD orders					
MEDICATIONS					
Provide analgesics PRN					
Initiate systemic antibiotic/topical therapy as per MD order					
PAIN					
Apply topical analgesics (as per MD/NP) – State:					
Encourage mobility if appropriate					
Dressing changes are painful (procedural) ensure patient takes analgesic before dressing changes					
Use non-pharmacological techniques such as repositioning, rest – State:					
Cleanse wounds gently using warm water or saline					
Involve patient in pain procedural choices (what helps what doesn't) (e.g. time outs) – State:					
Take analgesics as prescribed (using WHO guidelines for analgesic)					
TEACHING AND PSYCHOSOCIAL SUPPORT					
Teach patient: Factors contributing to infection and delayed healing and signs and symptoms of infection					
Involve patient and family in care planning where appropriate					
Provide patient and family with information that will enhance knowledge and skills necessary to promote recovery and improve function					
Provide patient with information on follow up care and accessing community resources					
REFERRALS					
Request consult for Physiotherapist for proper exercises, mobilization and ambulation techniques, falls prevention assessment if appropriate <i>see below for specific interventions</i>					
PT REFERRAL/INTERVENTION					
1.					

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ASSESSMENT	Date/Initial →				
<b>2.</b>					
Request consult for Occupational Therapist to assess positioning and/or transfers to make appropriate device recommendations. <i>see below for specific interventions</i>					
<b>OT REFERRAL/INTERVENTION</b>					
<b>1.</b>					
<b>2.</b>					
Request consult for Dietitian for energy protein assessment if nutritional status implicates delayed wound healing. Complete nutritional assessment screening tool. Based on result – automatic referral (Dietitian to amend) <i>see below for specific interventions</i>					
<b>DIETITIAN REFERRAL/INTERVENTION</b>					
<b>1.</b>					
<b>2.</b>					
Request referral for Enterostomal Therapist/Wound Care Specialist/Nurse Practitioner/Physician (i.e. wound deterioration, if < 20% healing following 3 to 4 weeks of appropriate treatment, further surgical intervention required)					
<b>ET/WCS/APN/NP/MD REFERRAL/INTERVENTION</b>					
<b>1.</b>					
<b>2.</b>					
Request consult for ineffective coping, financial issues, etc. State: _____ <i>See below for effective interventions</i>					
<b>SOCIAL WORK REFERRAL/INTERVENTION</b>					
<b>1.</b>					
<b>2.</b>					
<b>DISCHARGE PLANNING</b>					
Assess patient/caregivers adherence and understanding to treatment plan					
Discharge patient: Community referrals as required					
Refer to self-management if appropriate					

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Print Name	Signature	Initials	Date

*\*\*Patient's with possible false high ABI's include diabetics, renal failure, edema and may provide inaccurate doppler readings*