



Team Name: Home Care  Team Lead: Director - Home Care, Palliative Care & Seniors  Approved by: Regional Lead – Community & Continuing Care	Reference Number: CLI.5412.PL.001  Program Area: Home Care  Policy Section: Nursing
Issue Date: February 22, 2023  Review Date:  Revision Date:	Subject: Wound Care Management by Client/Caregiver

*Use of pre-printed documents: Users are to refer to the electronic version of this document located on the Southern Health-Santé Sud Health Provider Site to ensure the most current document is consulted.*

**POLICY SUBJECT:**

Wound Care Management by Client/Caregiver

**PURPOSE:**

To provide direction to home care service providers where responsibility of wound management is shared between the client/caregiver and home care.

**BOARD POLICY REFERENCE:**

Executive Limitation (EL-01) Global Executive Restraint and Risk  
 Executive Limitation (EL-02) Treatment of Clients

**POLICY:**

- Home Care Case Coordinator/Direct Service Nurse assesses the capacity of the client/caregiver to provide wound care management.
- Where the client/caregiver is responsible for their wound care management, home care nursing is required to provide at minimum a weekly assessment of the wound.
- For complex clients, consultation with Case Coordinator and Nursing Supervisor must take place prior to changing frequency of monitoring.

**DEFINITIONS:**

**Complex Client** – A client who has multiple comorbidities, multiple detrimental social determinants of health, or a combination of both which have the potential to place the client at risk and may negatively impact the individual’s overall health status. These factors include but are not limited to:

- Acute and/or chronic medical conditions:
  - Spinal cord injury;

- Cancer;
- Diabetes; and
- Uncontrolled pain.
- Social Vulnerability factors that impact the ability to support client:
  - Limited family supports;
  - Complex family dynamics;
  - Limited financial means; and
  - Reside in a remote location.
- Braden Scale risk level is high.
- Client has had history of poor health outcomes.

**Prescriber** - Refers to a Health Care Professional who is permitted to prescribe medications as defined by provincial and federal legislation, his/her regulatory college or association, and practice setting.

**IMPORTANT POINTS TO CONSIDER:**

- Client/caregiver to communicate with Case Coordinator if deterioration to wound is noted.
- If wound is noted to have deteriorated during weekly visit, Direct Service Nurse to complete SBAR Clinical Home Care (CLI.5415.PL.001.FORM.01) and send to prescriber with a copy to the Case Coordinator.

**PROCEDURE:**

- Case Coordinator Responsibilities (Community Clients):
  - Determine whether client meets definition of complex client and communicates with Nursing Supervisor.
  - Documents client as complex under Section 2.2 Special Instructions on Nursing Service Request in Procura.
- Direct Service Nurse responsibilities:
  - Completes/updates the Nursing Health Assessment History (CLI.5412.SG.002.FORM.02) and Best Possible Medication History (CLI.6010.PL.009.FORM.04).
  - Consults with Case Coordinator/Nursing Supervisor for clients identified as complex.
  - Provides wound care and documents on Wound Assessment and Treatment Form (CLI.4110.SG.002.FORM.07).
  - Takes baseline wound photo at time of initiation of services, 2 weeks after initial wound photo, or earlier if deterioration is noted.
 

**Note:** Consent, written or verbal as appropriate, will be obtained from the client or designate before wound photography is performed.
  - Collaborates with client/caregiver to determine goals of care and what matters to the client.
  - Develops care plan based on client/caregiver goals of care.

- Provides teaching pamphlet “Care at Home - Caring for Your Wound at Home – Changing a Dressing” and education on wound care practices, signs and symptoms of wound infection to client/caregiver. Documents information provided on Interdisciplinary Progress Notes.
  - Communicates the following to the Case Coordinator (community clients) and Nursing Supervisor (community and treatment clinic clients):
    - Education provided to client;
    - Changes to wound; and
    - Non-adherence to care plan.
  - Determines frequency of nursing visits based on:
    - Client condition;
    - Comprehension of wound care principles by client/caregiver; and
    - Successful return demonstration of wound care by client/caregiver.
  - Determines supplies required based on frequency of wound care and established nursing visits.
  - Communicates to prescriber changes to the wound/deterioration using an SBAR.
- Nursing Supervisor Responsibilities:
- Collaborates with the Direct Service Nurse and Case Coordinator for complex clients in the community and determines frequency of nursing visits based on condition of wound.
  - Manages the care plan, in collaboration with the direct service nurse, for complex clients seen in the Treatment Clinic

**EQUIPMENT/SUPPLIES:**

- Camera
- Wound care supplies
- ‘Care at Home – Caring for Your Wound at Home - Changing a Dressing’ Education material

**SUPPORTING DOCUMENTS:**

[CLI.5412.PL.01.SD.01](#) Home Care Wound Photography Algorithm

**REFERENCES:**

CLI.6010.PL.009.FORM.04 Home Care Best Possible Medication History (BPMH) & Physician Confirmation Form

CLI.5412.SG.002.FORM.02 Home Care Nursing Health Assessment History

CLI.4110.SG.002.FORM.07 Wound Assessment and Treatment Form

CLI.4110.SG.005 Wound Photography

Caring for Your Wound at Home – Changing a dressing – Care at Home Series - Wounds Canada – <https://www.woundscanada.ca/docman/public/patient-or-caregiver/1680-care-at-home-series-changing-a-dressing/file>

Prendre soin de votre plaie à domicile – Le changement d’un pansement – Care at Home Series  
- Wounds Canada - <https://www.woundscanada.ca/patient-or-caregiver/resources/serie-des-soins-a-domicile>