

Cover note for Illustrated Care Plans 2022

Please find enclosed updated care plans for all grades of pressure injuries.

These are now illustrated and may be a useful guidance tool for newly qualified staff that may be unfamiliar with the care and management of pressure injuries. It could also provide a quick reference guide for staff requiring an update.

These are for guidance only and staffs clinical judgement should also be utilised. The care plans can be used as a guide to prevent any delay in your patients commencing on appropriate treatment where TVS would not be available at weekends, out of hours or public holidays.

Departments own particular Wound Assessment and Treatment Plans should still be completed as normal.

Referral criteria

Red	<ul style="list-style-type: none"> • Patient with a Grade 4 acquired pressure ulcer • Spontaneous presentation of multiple pressure ulcers • Patient with complex surgical wounds which require review for Topical Negative Pressure or to support imminent hospital discharge/transfer. • Patient with dehisced abdominal wound with exposed bowel/ sinuses/fistulas • Patient with a wound where rapid deterioration is noted and wound where infection is present or exposure of bone or tendon • Patient's with suspected or confirmed Necrotising Fasciitis (TVS normally involved post operatively) 	<ul style="list-style-type: none"> • Telephone response on the same day as receiving referral • Interim telephone advice provided • Follow up date for visit provided within 24-48 hours of response as appropriate for patient
Amber	<ul style="list-style-type: none"> • Grade 3 pressure ulcer • Patient who has previously met green criteria and wound is deteriorating • Uncomplicated surgical wounds with dehiscence • Patients where advice is required for end of life care (visit may not always be appropriate) • Patient who have topical negative pressure in place and who require advice on follow up (may not require visit) 	<ul style="list-style-type: none"> • Telephone response within 48 hours. • Interim telephone advice on treatment plan • Prioritised for visit within 3 - 5 days. • (acute/community timescales may differ)
Green	<ul style="list-style-type: none"> • Patients with chronic wounds first referral • Interim review of patients with venous leg ulceration, chronic lymphovenous disease • Multiple Grade 2 pressure ulcers 	<ul style="list-style-type: none"> • Telephone response within 48 -72 hours • Interim telephone advice with review by nursing staff after two- three weeks of treatment plan. • Re referral will be considered after three weeks of treatment plan and no response and then will fit amber criteria