WENDY WHITE, advanced practice nurse, educator and fellow of Wounds Australia, answers our questions on wound care prevention and management in residential aged care.

What are the major issues impacting on effective wound care in aged care?

ONE OF THE key issues is the high risk of skin integrity loss due to the impact of advancing age, thin skin, chronic disease pathology, nutrition and hydration issues, continence challenges and altered mobility and activity.

Common wound types can include skin tears, pressure injuries, lower limb ulcerations (vascular, neuropathic and atypical), malignant wounds and moisture associated skin damage including incontinence associated dermatitis.

It takes a committed organisation, from the CEO to senior management, nurses, allied health and care workers to collaborate.

For some residents, wound prevention and healing may not be the expected outcome due to end-of-life changes or the presence of malignancy or disease which may be untreatable leading to spontaneous wound formation not associated with acute injury.

It takes “a village” to prevent, heal or provide symptom control (in a non-healable wound) and provide safe, timely and appropriate resident-focused care interventions that address unique needs.

Policy development and implementation, ongoing professional development and the availability and correct use of equipment, resources and products that match organisational needs will contribute to the provision of safe, quality resident care.

What are some of the common mistakes you see in wound care that staff should avoid?

There are a number of practices and approaches that if avoided may improve resident satisfaction, clinical outcomes and reduce costs.

First, skin care hydration is often undertaken on an ad hoc basis, but studies show that 50 per cent fewer skin tears occur when skin is moisturised twice a day.

Skin tear classification is also very important and language has been developed – for instance, the STAR classification tool – to describe the severity of wound types, which in turn guides carers in terms of expected clinical outcomes.

Third, an emphasis on the dressing only should be avoided as this misses the “big picture” and a comprehensive history, including health status and medications along with a thorough examination of the resident, will aid a more thorough care intervention.

Another issue is the failure to define and monitor expected clinical outcomes; accurate measurement of length, width and depth can be monitored over time in wounds where healing is expected.

In the absence of devices to measure wounds, professionals can simply multiply length by width to achieve an approximate surface area.

Another mistake to avoid is incorrect settings on dynamic support surfaces; the settings for a motorised support surface are unique to the brand used and are often set by the resident weight. The risk of pressure injury increases if these settings are too high or too low.

Electronic documentation requirements, and bedside access, are another key issue. In the absence of portable devices that can be used at the bedside consider printing off the requirements of the wound assessment form and taking it to the bedside to ensure all data is collected and then used to complete data entry at the desktop.

Finally, correct skin and wound care products to cover complex needs are essential. For instance, we know local biofilm infection contributes to a failure to heal and delays healing time. Products that include non-cytotoxic antiseptic cleansers, antiseptic and moisture dressings should be considered.

What are the key ingredients for effective wound prevention/management in residential aged care?

A committed organisation and team with current evidence-based policy can provide the safety net to consistent resident-centred care.

A designated “skin integrity” team member who is allocated time and resources each week to examine resident wounds and review clinical outcomes (including measurements), photographs and care plans can keep an eye on outcomes and guide preventative initiatives.

What tips do you have for aged care staff to help adopt best practice wound care?

Skin and wound management are areas of practice that continue to evolve and change. What we know and understand today in some areas – for instance, wound infection - is quite different to a few years ago. Our practice and policy needs to adjust accordingly.

Using clinical practice guidelines, standards and best practice documents can direct organisations, policymakers, educators, professionals and carers to adopt best practice wound care.


The International Skin Tears Advisory Panel (skintears.org) and Wounds International (woundsinternational.com) also have resources.