

Wound Management Grid

FINAL DRAFT – 8.21.2018

--The Burn and Soft Tissue service will provide unlimited provider consultations to other services for wounds (24/7)

--Inpatient CWOCN service is available for nurse consults M-F daytime, excluding holidays

WOUNDS THAT REQUIRE ADMISSION:

Primary Reason for Admission	Primary Admitting Service
Burns	Burn and Soft Tissue
Frostbite	Burn and Soft Tissue
Necrotizing Soft Tissue Infections/ Necrotizing Fasciitis	Burn and Soft Tissue
Patients admitted directly from MMC Wound Healing program at Brighton	Burn and Soft Tissue
Necrotic foot with pulses	Burn and Soft Tissue
TEN/SJS =>15% surface area open wound	Burn and Soft Tissue with consult to Medicine
Sacral decubitus ulcers, aged 64 and younger	Burn and Soft Tissue
Sacral decubitus ulcers, aged 65 and older	Medicine with consult to Burn and Soft Tissue if necessary
Non-traumatic diabetic foot ulcers	Medicine with consult to Burn and Soft Tissue; BST to involve MMC Wound Healing & Hyperbarics and/or Podiatry as necessary
DRESS, TEN/SJS	Medicine with consult to Burn and Soft Tissue
Cutaneous abscess	Orange Service/General & Acute Care Surgery
Wound with no pulses/vascular deficits (regardless of infection)	Vascular Surgery
All else	Medicine

- For patients with skin necrosis and sloughing, consult the Burn and Soft Tissue service.
- Patients who are transferred to SCU due to their wound infection will be managed by surgical SCU
- Patients who are accepted in transfer by either Medicine or Burn and Soft Tissue where the facts on arrival turn out to be different than conveyed on the phone should be reassessed and the grid implemented if necessary
- The grid is a guideline and should not supersede collaborative conversation. Please discuss between teams whenever necessary.

Burn and Soft Tissue: 741-3016

Medicine:

Inpatient Wound/Ostomy/Continence Nurses: 741-1512

Patients with the following conditions should be referred for outpatient treatment at our MMC Wound Center at Brighton (662-HEAL).

1. All wounds considered chronic: No progress in 4 weeks and not completely healed in 8 weeks since onset. If timing is unclear, feel free to refer the patient.
2. All wounded patients that have compromised healing regardless of time frame above, such as:
 - Poor nutrition or malnourishment
 - Chronic steroid use
 - Connective Tissue Disorders
 - Late effects of radiation / radiation injury
 - Diabetics with plantar foot ulcers
 - Surgical Dehiscence greater than 30 days. If less than 30 days, patients should see the surgeon who provided the initial care.
 - Ostomy Issues (acute and chronic)

Wounds with indications for treatment by hyperbaric oxygen therapy at MMC Wound Healing & Hyperbarics at Brighton

- Acute peripheral arterial insufficiency**
- Acute traumatic peripheral ischemia**
- Central Retinal Artery Occlusion
- Chronic refractory osteomyelitis
- Compromised skin graft / flap – critical need for treatment within 48h**
- Crush Injury/Compartment Syndrome
- Diabetic Wounds
- Gas gangrene
- Idiopathic Sudden Sensorial Hearing Loss
- Late effects of Radiation
- Necrotizing Infections
- Uncontrolled edema/stasis dermatitis without wound but needs compression

**Immediate referral

When patients are being discharged to home, feel free to use the EPIC referral or call 662-HEAL.

For patients being discharged to a location besides home, leadership from BST, Medicine, and inpatient CWOCN service agreed to services emailing the MMC wound center with details on patient. The MMC wound center will then follow up to schedule a patient for outpatient follow up.

This email is being set up as of 8/21, will be shared on final version of document.