

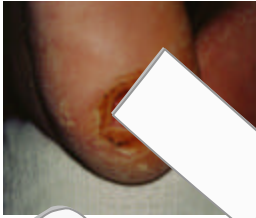



# Wound Identification Key

Clinical Branding™		Wound Types			
	Venous	Arterial	Diabetic	Pressure	
<b>Pictorial Wound Description</b>					
<b>Predisposing factors</b>	<ul style="list-style-type: none"> <li>• Valve incompetence in perforating veins</li> <li>• History of deep vein thrombophlebitis and thrombosis</li> <li>• Previous history of ulcers</li> <li>• Obesity</li> <li>• Advanced Age</li> </ul>	<ul style="list-style-type: none"> <li>• Peripheral Arterial Disease</li> <li>• Diabetes Mellitus</li> <li>• Advanced Age</li> </ul>	<ul style="list-style-type: none"> <li>• Diabetes Mellitus with peripheral neuropathy</li> <li>• Uncontrolled or poorly controlled diabetes</li> </ul>	<ul style="list-style-type: none"> <li>• Immobility</li> <li>• Pressure over bony prominences</li> <li>• Contributing factors include friction, shear, infection, malnutrition, edema, obesity, emaciation, multi-system trauma, circulatory and endocrine disorders</li> </ul>	
<b>Location</b>	<ul style="list-style-type: none"> <li>• Typically on the medial lower leg, superior of the medial malleolus (near the saphenous vein)</li> </ul>	<ul style="list-style-type: none"> <li>• Between toes or tips of toes</li> <li>• Over phalangeal heads</li> <li>• Around lateral malleolus</li> <li>• At sites subjected to rubbing of footwear</li> </ul>	<ul style="list-style-type: none"> <li>• On plantar aspect of foot</li> <li>• Over metatarsal heads</li> <li>• Under heel</li> </ul>	<ul style="list-style-type: none"> <li>• Over bony prominences</li> <li>• Any soft tissue damage caused by orthotics, braces, catheters, etc.</li> </ul>	
<b>Appearance of wound bed</b>	<ul style="list-style-type: none"> <li>• Irregular wound margins</li> <li>• Referred to as "ruddy" or "beefy red", granular in appearance</li> <li>• Superficial wounds</li> </ul>	<ul style="list-style-type: none"> <li>• Tend to have a "pale" appearance</li> <li>• Small, round, and with sharply well-demarcated borders</li> <li>• Wound bed pale; lacks granulation</li> </ul>	<ul style="list-style-type: none"> <li>• Even wound margins</li> <li>• Deep wound bed</li> <li>• Cellulitis or underlying osteomyelitis</li> <li>• Granular tissue present unless PVD is present</li> </ul>	<ul style="list-style-type: none"> <li>• Round or irregular wound margins</li> <li>• Wound base varies in thickness and tissue type depending on wound size and severity</li> </ul>	
<b>Exudate / Drainage amount</b>	<ul style="list-style-type: none"> <li>• Moderate to Heavy</li> </ul>	<ul style="list-style-type: none"> <li>• Minimal to Moderate</li> </ul>	<ul style="list-style-type: none"> <li>• Minimal to Moderate</li> </ul>	<ul style="list-style-type: none"> <li>• Minimal to Heavy</li> </ul>	
<b>Pain</b>	<ul style="list-style-type: none"> <li>• Mild to Moderate</li> </ul>	<ul style="list-style-type: none"> <li>• Moderate to Severe</li> </ul>	<ul style="list-style-type: none"> <li>• None or neuropathic pain</li> </ul>	<ul style="list-style-type: none"> <li>• Mild to Moderate</li> </ul>	
<b>Management based on Physician examination and diagnostic test findings</b>	<ul style="list-style-type: none"> <li>• Topical management depending on wound's characteristics</li> <li>• Debridement, if indicated</li> <li>• Leg elevation</li> <li>• Compression, if tolerated</li> <li>• Wound management dressings or drugs based on plan of care</li> </ul>	<ul style="list-style-type: none"> <li>• Improvement of circulation dependent on patient condition</li> <li>• Conservative debridement, if indicated</li> <li>• Pain control</li> <li>• Wound management dressings or drugs based on plan of care</li> </ul>	<ul style="list-style-type: none"> <li>• Non-surgical management:</li> <li>• Debriding necrotic tissue</li> <li>• Moist wound environment</li> <li>• Wound management dressings or drugs based on plan of care</li> <li>• Eliminating pressure areas of feet</li> <li>• Improving muscular strength of lower extremity</li> </ul>	<ul style="list-style-type: none"> <li>• Pressure reducing or relieving devices</li> <li>• Debridement, if indicated</li> <li>• Restoring circulation</li> <li>• Managing the wound and minimizing related disorders</li> <li>• Nutrition Therapy</li> <li>• Wound management dressings or drugs based on plan of care</li> </ul>	

Every attempt has been made to provide you with the most current skin and wound care information. It remains the responsibility of the patient's attending physician to direct the patient's plan of care and clinician to understand each patient's disease process, test results, and plan of care to maximize patient outcomes.