This document is intended for health care professionals and

**Shared Care for Wounds**

Patients / carers working together.

Supporting people with wounds to look after their own wound or supporting carers and family to look after their wound is likely to improve their self-confidence and quality of life. It is also a way to reduce pressure on the NHS and reduce the risk of infection.

**Assessing whether shared care is appropriate**

**For the healthcare professional and patient/carer together**

The following should be based on a discussion between the health care professional and patient (and carer, as appropriate) and only signed if all agree with the statements.

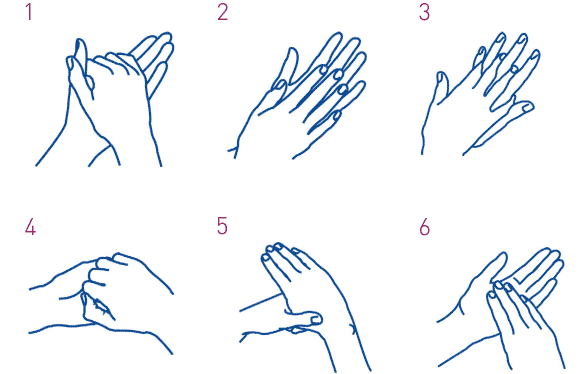
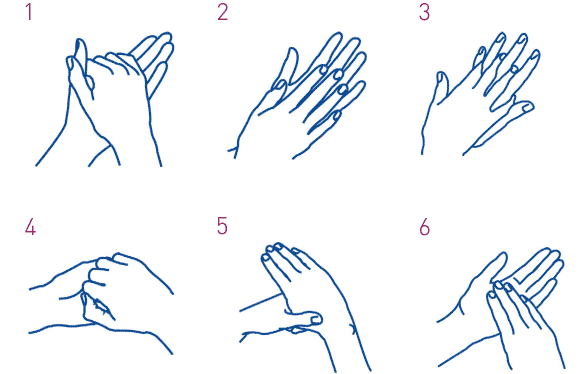
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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| In the view of the health care professional, is shared care suitable? | | | | | | | | Yes /  No | |
| Is the person with the wound able to make a decision about shared care? If not, do they have someone who is willing and able to act in their best interests to make this decision? | | | | | | | | Yes /  No | |
| Is the person with the wound physically able to undertake the necessary care or have someone willing and able to carry out care on their behalf? | | | | | | | | Yes /  No | |
| Does the person with the wound/ carer agree to undertake shared care until next agreed review date? ……………… (insert review date) | | | | | | | | Yes /  No | |
| Patient/ Carer: | ………………………………………………… | | | | | (Name) | | |
|  | ………………………………………………… | | | | | (Signature) | | |
| Health Care Professional | ………………………………………………… | | | | | (Name) | | |
|  | ………………………………………………… | | | | | (Signature) | | |
|  |  | | | | Date: …………………… | | | |
| **Care Plan** | | **For the patient/ carer. To be completed by, or with, the help of the health care professional.** | | | | | | |
| Patient’s Name | | |  | | | | | |
| Carer’s Name | | |  | | | | | |
| To contact Health Care Professional: | | |  | | | | | |
| To contact GP: | | |  | | | | | |
| **About the wound:** | | | | | | | | |
| **Wound Type** | | |  | | | | | |
| **Wound Care Plan** | | | | | | | | |
| Clean the wound and surrounding skin with: | | | |  | | | | |
| **Dressings:** | | | | **Name** | | | **Size** | |
| Wound Contact Layer:  (Place this dressing on top of the wound) | | | |  | | |  | |
|  | | |  | |
| Secondary dressing:  (Place this dressing on top of the first dressing | | | |  | | |  | |
|  | | |  | |
| Creams / Barrier products  (Apply this product to the surrounding skin before / after applying dressing.) | | | |  | | |  | |
|  | | |  | |
| Bandages / Tapes  (Use this product to hold the dressings in place) | | | |  | | |  | |
|  | | |  | |
| Other advice | | | | | | | | |
| Aim to change your dressing every ………………. days | | | | | | | | |

This short video shows a [dressing change](https://www.youtube.com/watch?v=sNS67ZJQVDA)[[1]](#footnote-1)

**Prepare to change the dressing**

**For the patient/ carer**

1. Clean the table or work surface you are going to put the new dressings on with sanitising wipes or a solution of warm water and detergent (washing up liquid) / Anti-bacterial spray.
2. Wash your hands thoroughly with soap and water for 30 seconds, especially between fingers and palms of hands.



Dry hands with a clean towel/kitchen roll.

1. Gather what you will need. This may include:

* A dressing pack or similar (typically contains gauze, gloves, tray, apron, waste bag)
* Dressing(s)
* Clean scissors (blades wiped with a sanitising wipe)
* Fluid to clean around the wound (tap water[[2]](#footnote-2) or saline)
* Cream for the skin around your wound
* Adhesive tape

1. Prepare your materials

* Open dressing pack, put on apron (if you are not the patient) and put waste bag to one side
* Spread out the dressing pack wrapping so you have a clean surface. Open new dressing(s) and drop onto the clean surface of the dressing pack wrapping

**How to remove the old dressing**

1. Carefully remove the old dressing without touching the part that been in contact with the wound or touching the wound itself.

* If the dressing is stuck, soak with water or saline and wait for the dressing to loosen – allow a bit of time and avoid pulling as this will be painful and will damage the wound
* If the dressing is adhesive or has an adhesive border, avoid peeling it off. Instead, lift one or more corners of the dressing and stretch it horizontally along the skin surface to break the adhesive bond. Again, take your time and continue gently stretching until the entire dressing lifts.

1. Place the dirty dressing in the waste bag and wash your hands.

**How to clean the wound and apply a new dressing**

1. If you have sterile or clean gloves, put them on. If not, try to avoid touching the wound or anything that will be in contact with the wound.
2. If you want to clean the wound itself, clean from the centre outwards using tap water (or saline) and gauze from the dressing pack. Clean the skin around the wound.
3. Make sure the skin around the wound is dry. If your health care professional advises, apply cream to the skin around the wound but avoid where any adhesive tape or dressing will go, or it will not stick.
4. Put the new dressing on the wound following the instructions that came with the dressing.
5. Clear up, put sealed waste bag in bin and wash your hands. (The waste bag can go in your usual rubbish collection unless you have been advised otherwise.)

**Be aware of what is happening with the wound**

Monitor for signs of infection or other problems:

* More wound leakage than usual
* More pain than usual
* Increasing redness around the wound
* An unusual smell
* Wound is getting bigger
* Feeling generally unwell

Contact your health care professional or NHS 111 if you are worried.

**Useful Information**

* **Who should I contact if I am worried?**

If you have any concerns about your wound or dressing supplies, contact your GP surgery or community nursing service

**Important Contact Numbers**

**GP Surgery:**

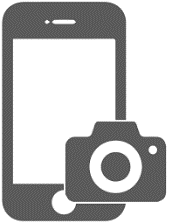
**Community Nursing:**

* **Where do I get more dressings from?**

You can obtain more dressings by contacting………………………………

You are responsible for asking for more dressings as they begin to run out. Some items may need a prescription, please speak to your health care professional about this.

* **How can I tell if my wound is improving or getting worse?**

One way to keep a record of your wound healing is to take a photo. If you want to do this, you need:

* A digital camera or mobile phone with a camera.
* To be able to see the wound site easily and safely.

These tips will help:

* + Use the automatic settings on your camera and use something plain as a background. If possible, include a ruler in the photo.
  + Make sure you are comfortable and there is plenty of light.
  + Make sure that the photo will only show parts of your body you are comfortable showing. Avoid photographing any identifying marks such as your face, tattoos or birthmarks.

**Wound Diary**

You may find it helpful to keep a record of your dressing changes for when you next see the health care professional.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Patient’s Name**  **…………………………………………….** | **Date** | **Date** | **Date** | **Date** | **Date** | **Date** | **Date** |
| Why did you change the dressing?   1. Due to be changed 2. Leaking 3. Dressing falling off or fell off 4. Other (please tell us why) |  |  |  |  |  |  |  |
| **Weekly review:** A weekly review is usually enough to monitor progress but if there are changes, please note here. | | | | | | | |
| Was the wound the same/ bigger/ smaller? |  |  |  |  |  |  |  |
| Was the leakage the same/ more / less? |  |  |  |  |  |  |  |
| Was the pain the same/ more/ less? |  |  |  |  |  |  |  |
| Was the smell the same / worse / better? |  |  |  |  |  |  |  |
| Did you take a photo? |  |  |  |  |  |  |  |
| Anything else you feel may be helpful: | | | | | | | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Patient’s Name**  **…………………………………………….** | **Date** | **Date** | **Date** | **Date** | **Date** | **Date** | **Date** |
| Why did you change the dressing?   1. Due to be changed 2. Leaking 3. Dressing falling off or fell off 4. Other (please tell us why) |  |  |  |  |  |  |  |
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| Was the pain the same/ more/ less? |  |  |  |  |  |  |  |
| Was the smell the same / worse / better? |  |  |  |  |  |  |  |
| Did you take a photo? |  |  |  |  |  |  |  |
| Anything else you feel may be helpful: | | | | | | | |

1. You can find the video at <https://www.youtube.com/watch?v=sNS67ZJQVDA> [↑](#footnote-ref-1)
2. Providing the tap water is drinkable, it does not need to be boiled. [↑](#footnote-ref-2)