

TREATEMENT PLAN

To be completed by the nurse

Date _____

CARE GOALS

- | | |
|---|---|
| <input type="checkbox"/> Dry the wound | <input type="checkbox"/> Prevent or relieve pain |
| <input type="checkbox"/> Control microbial load | <input type="checkbox"/> Protect surrounding skin |
| <input type="checkbox"/> Debride | <input type="checkbox"/> Other : _____ |
| <input type="checkbox"/> Controlled moist environmant | |

1. WOUND CLEANING :

- | | |
|--------------------------|---------------------|
| <input type="checkbox"/> | Tap water or shower |
| <input type="checkbox"/> | NaCl 0,9% |
| <input type="checkbox"/> | _____ |

Moisture control (compress soaked in a solution, wrung out, and left in place in the wound bed)

Product : _____
Duration : _____

2. DRESSINGS:

Number the steps to follow the agreed treatment plan

Primary dressings :

- | | |
|--------------------------|--|
| <input type="checkbox"/> | Absorbent foam dressing with methylene blue/gentian violet (e.g., classic Hydrofera Blue®) |
| <input type="checkbox"/> | Enzymatic debridement agent (e.g., Santyl®) |
| <input type="checkbox"/> | Gel-forming fiber with silver (e.g., AQUACEL® Ag+) |
| <input type="checkbox"/> | Gelling fiber (e.g., AQUACEL®) |
| <input type="checkbox"/> | Hydrogel (e.g., Intrasite gel®) |
| <input type="checkbox"/> | Iodine cadexomer-based antimicrobial dressing (e.g., IODOSORB®) |
| <input type="checkbox"/> | Non-adherent dressing impregnated with povidone (e.g., Inadine™) |
| <input type="checkbox"/> | Silicone-impregnated non-adherent dressing (Adaptic™) |
| <input type="checkbox"/> | Wick |
| <input type="checkbox"/> | Other : _____ |

Secondary dressings :

- | | |
|--------------------------|--|
| <input type="checkbox"/> | Absorbent foam dressing (e.g., Biatain®, Mepilex®) |
| <input type="checkbox"/> | Compresses |
| <input type="checkbox"/> | Fixation/adhesive dressing (e.g., Mefix®, Hypafix®) |
| <input type="checkbox"/> | Hydrophilic paste (e.g., Triad™) |
| <input type="checkbox"/> | Omniform bandage (Kling) |
| <input type="checkbox"/> | Specialized ultra-absorbent dressing (e.g., Mextra®) |
| <input type="checkbox"/> | Other : _____ |

Frequency :

- Dayly 2 times / day Every 2 days 3 times / week 2 times / week 1 time / week
- Other : _____

* The treatment plan can be modified according to the evolution of you wound and the care objectives determined by your nurse.

Authors

Direction des services généraux (DSG) en collaboration avec la Direction des soins infirmiers (DSI)

Revision and layout

Service des communications et des relations médias

Présidence-direction générale

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