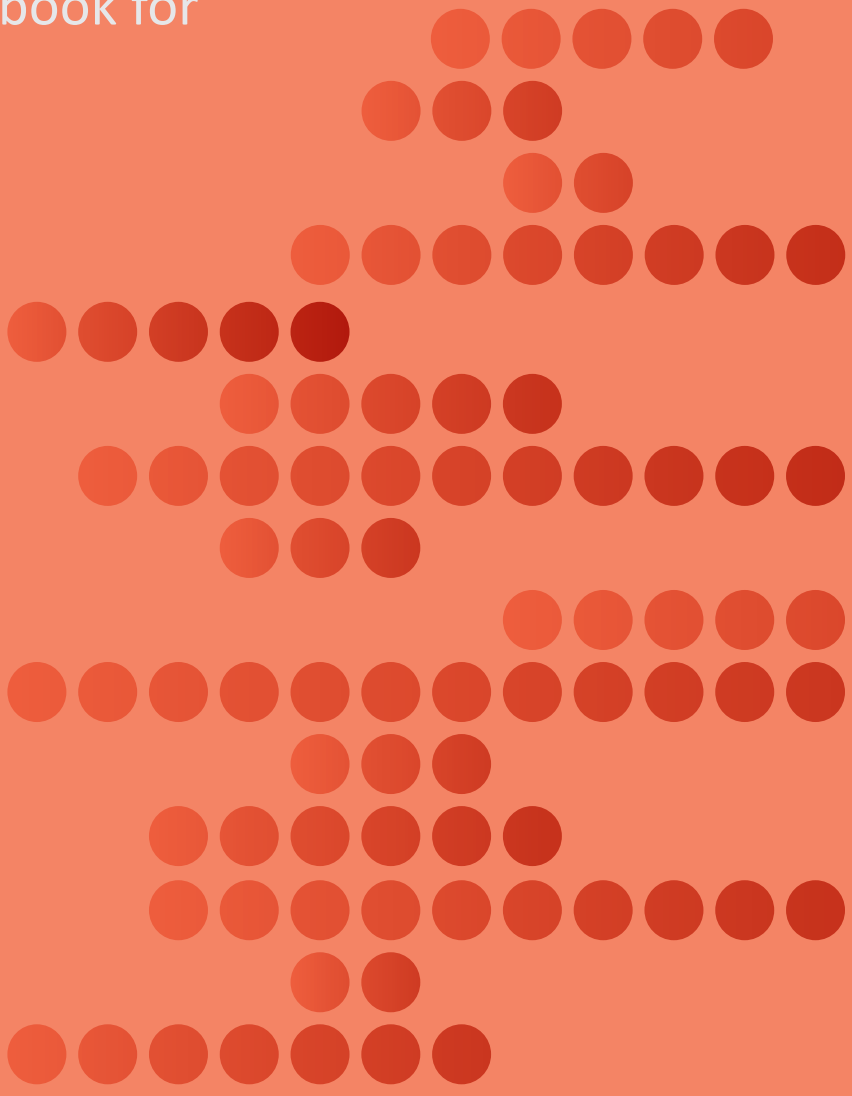
HOME CARE
WOUND CARE

Wound Assessment and Management – Workbook for home care providers



The European Wound Management Association
EWMA

WOUND ASSESSMENT AND MANAGEMENT
WORKBOOK FOR HOME CARE PROVIDERS

Introduction

Wound assessment is a critical skill for clinicians to ensure appropriate management and improved healing outcomes. This workbook will guide clinicians in assessing wounds using the pneumonics HEIDI (1), MOIST (2), and TIME(RS) (3) and selecting appropriate treatment plans based on wound characteristics.

- **HEIDI:** History, Examination, Investigation, Diagnosis, Intervention.
- **MOIST:** Moisture balance, Oxygen balance, Infection control, Support structure, Topical agents.
- **TIME:** Tissue management, Inflammation/infection control, Moisture balance, Edge advancement.

Each wound image presented in this workbook will include assessment questions to test your knowledge and a section for treatment planning. Correct answers will be provided at the end of the document.

By the end of this workbook, the learner will be able to:

1. Identify key clinical signs and risk factors of common and complex wounds managed at home.
2. Explain the principles of structured assessment frameworks (HEIDI, TIME, MOIST) and their application to home settings.
3. Apply evidence-based wound assessment techniques to recognize infection, ischemia, and moisture imbalance..
4. Analyze wound characteristics to distinguish between venous, arterial, neuropathic, malignant, and pressure-related lesions.
5. Evaluate investigation needs and treatment priorities in collaboration with healthcare professionals.
6. Develop individualized home-care treatment plans, including dressing selection, compression, offloading, and escalation criteria.
7. Demonstrate safe decision-making for when to seek urgent medical attention.

CASE 1: SCC SUSPECTED INFECTION

Assessment Questions:

1. What are the key clinical signs of an SCC-related wound?
2. What are the risk factors for developing SCC in chronic wounds?
3. What investigations would you request?
4. How would you manage this wound based on the HEIDI framework?

Write your answers:

Treatment plan: Clinicians to provide their proposed management plan.

CASE 2: NECROTIC TOE

Assessment Questions:

1. What are the potential causes of necrotic toe lesions?
2. How would you classify the level of ischemia present?
3. What interventions should be considered for limb salvage?
4. How does MOIST apply to this wound?

Write your answers:

Treatment plan: Clinicians to provide their proposed management plan.

CASE 3: MACERATION

Assessment questions:

1. What are the key signs of wound maceration?
2. What factors contribute to excessive moisture in wound beds?
3. How does TIME guide the management of macerated wounds?
4. What dressings would be appropriate for moisture balance?

Write your answers:

Treatment plan: Clinicians to provide their proposed management plan.

CASE 4: INFECTED TOE WITH OSTEOMYELITIS

Assessment questions:

1. What are the clinical signs that suggest underlying osteomyelitis?
2. What diagnostic tests would you order?
3. How should antibiotic therapy be approached in this case?
4. What are the surgical and non-surgical options?

Write your answers:

Treatment plan: Clinicians to provide their proposed management plan.

CASE 5: VENOUS ULCER (LOWER LIMB)

Assessment questions:

1. What characteristics differentiate venous ulcers from arterial and neuropathic ulcers?
2. How does compression therapy play a role in management?
3. What are the risks associated with chronic venous ulcers?
4. How would you implement the HEIDI framework in managing this wound?

Write your answers:

Treatment plan: Clinicians to provide their proposed management plan.

CASE 6: INFECTED HEEL

Assessment questions:

1. What are the primary concerns when assessing a heel wound?
2. What risk factors contribute to heel pressure injuries?
3. How can TIME principles optimise healing in this case?
4. What advanced therapies could be considered?

Write your answers:

Treatment plan: Clinicians to provide their proposed management plan.

WOUND ASSESSMENT AND MANAGEMENT
ANSWER KEY

CASE 1: SCC SUSPECTED INFECTION

- Signs: non-healing ulcer, rolled edges or hypergranulated friable granulation tissue.
- Risk factors: chronic wounds, immunosuppression, prolonged exposure to UV.
- Investigations: biopsy, imaging for depth assessment.
- Management: biopsy, dermatology referral, potential surgical excision.

CASE 2: NECROTIC TOE

- Causes: peripheral arterial disease, diabetes, trauma, infection.
- Ischemia classification: Rutherford or Fontaine scales.
- Interventions: revascularisation assessment, debridement, infection control.
- MOIST principles: oxygenation, moisture balance, infection control.

CASE 3: MACERATION

- Signs: overhydration, white/fragile tissue, wound edge breakdown.
- Contributing factors: excessive exudate, improper dressing selection.
- TIME: tissue management (debridement), moisture balance (appropriate dressings).
- Dressing choices: something to assist soaking up the exudate e.g. a fibre dressing.

CASE 4: INFECTED TOE WITH OSTEOMYELITIS

- Signs: bone exposure, deep infection, systemic signs.
- Diagnostics: MRI, bone biopsy, inflammatory markers.
- Antibiotics: IV broad-spectrum, culture-guided therapy.
- Surgical vs. non-surgical: debridement, amputation vs. prolonged conservative management.

CASE 5: VENOUS ULCER (LOWER LIMB)

- Characteristics: shallow, irregular borders, hemosiderin staining.
- Compression: essential to manage venous hypertension.
- Risks: infection, chronic inflammation, lymphedema.
- HEIDI framework: history, examination, appropriate compression therapy.

CASE 6: INFECTED HEEL

- Concerns: deep tissue infection, pressure-related ischemia.
- Risk factors: immobility, diabetes, poor perfusion.
- TIME: tissue debridement, moisture balance, infection control.
- Advanced therapies: offloading devices, NPWT, biologics.

This workbook serves as a structured training tool to enhance clinicians' ability to assess and manage complex wounds using evidence-based frameworks. Use the answer spaces provided to document your responses before checking against the answer key.

Further Ressources/Reading

EWMA e-learning ressources; including a general introduction to 'Wound management for health care professionals' as well as topic specific courses. All courses are available free of charge at https://ewma.org/e-learning-courses/

Lower Leg Ulcer Diagnosis & Principles of Treatment

Isoherranen K, Montero EC, Atkin L, Collier M, Høgh A, Ivory JD, KirketerpMøller K, Meaume S, Ryan H, Stuermer EK, Tiplica GS, Probst S. Lower Leg Ulcer Diagnosis & Principles of Treatment. Including Recommendations for Comprehensive Assessment and Referral Pathways. J Wound Management, 2023;24(2 Sup1):s1-76 DOI: 10.35279/jowm2023.24.02.sup01

Management of Patients with Venous Leg Ulcers

Franks, P., Barker, J., Collier, M. et al. Management of patients with venous leg ulcer: challenges and current best practice, J Wound Care, 25; 6, Suppl, 1–67

Atypical Wounds: Best Clinical Practices and Challenges

Isoherranen K, O'Brien JJ, Barker J, Dissemond J, Hafner J, Jemec GBE, Kamarachev J, Läuchli S, Montero EC, Nobbe S, Sunderkötter C, Velasco ML. Atypical wounds. Best clinical practice and challenges. J Wound Care. 2019 Jun 1;28(Sup6):S1-S92. doi: 10.12968/jowc.2019.28.Sup6.S1. PMID: 31169055.

Antimicrobials and Non-healing Wounds: An Update

Probst S, Apelqvist J, Bjarnsholt T, Lipsky BA, Ousey K, Peters EJG. Antimicrobials and Non-healing Wounds: An Update. J Wound Management, 2022;23(3 Sup1):S1-S33. DOI:10.35279/jowm2022.23.03.sup01

Surgical Site Infections: Prevention and Management across Health Care Sectors

Stryja J, Sandy-Hodgetts K, Collier M et al. Surgical site infection: preventing and managing surgical site infection across health care sectors. J Wound Care 2020; 29: 2, Suppl 2b, S1–S69

All EWMA Documents can be downloaded free of charge via https://ewma.org/resource-library/

References

1 Heinrichs, Llewelly and Harding in Wound Healing: A systematic approach to wound healing and management. Eds D Gray and P Cooper, Wounds UK, Aberdeen, UK, 2006; pp 1–28.

2 Dissemond, J., Assenheimer, B., Gerber, V., Kurz, P., Läuchli, S., Panfil, E. M., Probst, S., Traber, J., & Strohal, R. (2023). Lokaltherapie chronischer Wunden: Das M.O.I.S.T. Konzept [M.O.I.S.T. concept for the local therapy of chronic wounds]. Deutsche medizinische Wochenschrift (1946), 148(7), 400–405. https://doi.org/10.1055/a-1987-4999

3 Atkin, L., Bućko, Z., Conde Montero, E., Cutting, K., Moffatt, C., Probst, A., Romanelli, M., Schultz, G. S., & Tettelbach, W. (2019). Implementing TIMERS: the race against hard-to-heal wounds. Journal of wound care, 23(Sup3a), S1–S50.