In the Hospital setting, having a Certified Wound Ostomy Continen
ty Nurse (CWOCN) to direct wound care treatment is incred
dibly helpful to the physician, surgeon and nurses. However,
there are times when there is no CWOCN available. It became
evident that staff needed a better resource or tool to refer to when
there was no CWOCN coverage. The Hospital CWOCN sought
to find a wound care guide to be used by staff when there was no
CWOCN coverage, however, all the resources she found seemed
one directional and were unable to account for multiple wound
characteristics. Wound care treatment recommendations need to
be decided based upon a multitude of factors, not just a linear set
of questions that lead to one answer which may be an improper
treatment recommendation and can cause important factors to go
unrecognized or untreated.

This is what inspired the creation of the Collins Complex Wound
Guide Template (available at www.thepermanentejournal.org/
files/2020/19.118supp.pdf ). The guide template was developed
by a board certified wound, ostomy and continence nurse of many
years’ experience, in consultation with other CWOCN nurses and
hospitalists who see patients with complex wounds.

The goals set for this Complex Wound Guide Template were
to develop a guide template that could:

- Address complex wounds as these seem to be the most intimi
dating types of wounds staff encounter.
- Lead the clinician to a safe treatment recommendation every
time.
- Be simple enough that anyone, (a layperson) could technically
use the guide template and select a safe treatment recommenda
tion.

SUMMARY OF GUIDE TEMPLATE

Collins Guide Templet has a row of five complex wound
pictures, each with a brief description of the therapy goal. The
clinician chooses the wound most closely resembling the wound
needing a dressing.

In the next row, the clinician chooses between depth or no depth
based upon the appearance of the wound.

The clinician then selects the amount of drainage and is led to
a box that has safe treatment options for the wound.

This multidirectional approach is essential to aid the clinician
to a safe treatment option and this is why the guide is successful.
It is imperative, however, that the treatment options inserted into
the guide template are entered under the professional guidance of
a CWOCN in conjunction with the MD using facility approved
product formulary items and with consideration of patient care
setting. Collins Complex Wound Guide Template has been shared
with the Kaiser Northern California WOCN Peer Group and has
been utilized by other CWOCNs at Kaiser Permanente facilities
who have adjusted the dressing options listed in the Kaiser Santa
Rosa Hospital version to fit their facility’s needs.

The guide template is being used in our hospital wound educa
tion sessions. The registered nurses in attendance are given the guide
template, shown a series of complex wounds and asked to choose
a dressing. A Skin and Wound Assessment Team (SWAT), made
up of nurses interested in and specially trained in wound care, use
the Kaiser Santa Rosa Hospital version of the guide template on
the medical surgical units to offer dressing suggestions. Feedback
has been very positive from physicians and nurses who have suc
cessfully used this version of the guide template when there was
no CWOCN available.

CONSENT

Kelly Collins and Erika Yazdanbakhsh give consent to publish
Collins Complex Wound Guide Template online in the Nursing
Research and Practice section of The Permanente Journal.

Collins Complex Wound Guide Template is not research and
does not include PHI.

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