All wounds may be complicated by infection. It is therefore important for us to acquire the skill of proper wound care in order to reduce the risk contamination of wound. The wound care guidelines have been developed by clinicians who are treating patients with wounds. They reflect current research and evidence-based expert opinion. The guidelines are intended for use as a resource for wound management and should be available to all medical, nursing care for patients with wounds.

So wound care surveillance programme a new concept was started in Jai Prakash Narayan Apex Trauma Centre at AIIMS in January 2011

**Objectives**

The programme sought to enhance consistency and continuity of care to prevent wound deterioration from acute to chronic; promote practice of standardised wound care pathways/protocols; provide objective, accurate data for documentation and outcome measurement; and develop a system of follow-up of patients from admission till rehabilitation.

The hierarchy of wound surveillance programme has a chief assisted by faculty (surgery), DNS and nurses.

**Job description of wound care surveillance nurses**

1. To ensure best wound dressing practices
2. To ensure proper selection of dressing material
3. To follow up the patient from admission till discharge, then in OPD
4. To coordinate and liaison with other departments like laboratory physiotherapy, dietary infection control, stores, MSSO, computer facility
5. To promote patient care perspective
6. To ensure proper pain management
7. To introduce innovative wound care practice
8. To utilise cost effective wound care resources
9. To develop and improve the protocols for wound care
10. To give reports of untoward incidents
11. To document wound description thoroughly through enrollment of patient in wound clinic, wound measurement, nutritional assessment, serial photography and CPRS entry.
12. To make use of advanced techniques e.g. Negative Pressure Wound Therapy, ultrasonic wound debridement, etc.
13. To attend faculty ward rounds
14. To present the weekly audit of wound care surveillance
15. To ensure early ambulation of patients
16. To assess and minimise risk factors of pressure ulcers and document
17. To give special attention to patients with complex wound such as geriatric, pregnant women, psychiatric and paediatrics
18. To develop wound training programme

<table>
<thead>
<tr>
<th>Scores</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sensory Perception (Ability to respond meaningfully to pressure related discomfort)</td>
<td>Completely limited</td>
<td>Very limited</td>
<td>Slightly limited</td>
<td>No impairment</td>
</tr>
<tr>
<td>Moisture (Degree to which skin is exposed to moisture)</td>
<td>Constantly moist</td>
<td>Very moist</td>
<td>Occasionally moist</td>
<td>Rarely moist</td>
</tr>
<tr>
<td>Activity (Degree of physical activity)</td>
<td>Bedfast</td>
<td>Bedfast</td>
<td>Walks occasionally</td>
<td>Walks frequently</td>
</tr>
<tr>
<td>Mobility (Ability to change and control body position)</td>
<td>Completely immobile</td>
<td>Very limited</td>
<td>Slightly limited</td>
<td>No limitations</td>
</tr>
<tr>
<td>Nutrition</td>
<td>Very poor</td>
<td>Probably inadequate</td>
<td>Adequate</td>
<td>Excellent</td>
</tr>
<tr>
<td>Friction &amp; Shear</td>
<td>Problem</td>
<td>Potential problem</td>
<td>No apparent problem</td>
<td>No apparent problem</td>
</tr>
</tbody>
</table>

*The authors are: 1. Dy Nursing Superintendent; 2,3,4,5,6,7: Sr Grade II, Jai Prakash Apex Trauma Centre, AIIMS, New Delhi.*
19. To give discharge teaching plans and health education
20. To keep manual and computerized records of wound cases.

**Criteria for enrollment of complex wound**
Wound which (i) requires hospitalisation for special wound management; (ii) that does not heal in 3 or more than 3 weeks; (iii) with involvement of underlying structure like joints, muscles, tendons, nerves or bones & blood vessels with extensive skin loss; (iv) that requires special surgical attention & any cover (graft/flap); (v) at any functional/special area (face, nose, ear, lips); (vi) with co-morbidities like peripheral vascular disease, diabetes etc.

**Principles of wound description**
Wound bed is described according to TIME framework method:

- **T** = Tissue debridement
- **I** = Inflammation/infection
- **M** = Moisture balance
- **E** = Edge of wound = re-epithelialisation

The Braden scale is a summated rating scale made up of six subscales scored from 1-3 or 4, for total scores that range from 6-23 (Table 1).

A lower Braden scale Score indicates a lower level of functioning and therefore, a higher level of risk for pressure ulcer development.

A score of 17 or higher, for instance, would indicate that the patient is at no risk, with no need for treatment at this time.

<table>
<thead>
<tr>
<th>Score Range</th>
<th>Risk Level</th>
</tr>
</thead>
<tbody>
<tr>
<td>&gt; 17</td>
<td>No Risk</td>
</tr>
<tr>
<td>15-16</td>
<td>Low Risk</td>
</tr>
<tr>
<td>13-14</td>
<td>Moderate Risk</td>
</tr>
<tr>
<td>&lt; 12</td>
<td>High Risk</td>
</tr>
</tbody>
</table>

The incidents of pressure ulcers are shown in Fig 1.

**Achievements**
- Reduction in pressure ulcers (last year)
- Normal for home based care of patients with wounds and different tubing.

**Future directions**
We are on a verge to launch a website of wound care for easy access which include:

* Manual for better management of patient at home
* Distance photographic evaluation & manage-
Pathways of Wound Healing

No single approach can be applied to all wounds; however, a systematic approach to acute wound care integrated with best current practices provides the framework for exceptional wound management. So in this programme a new scope for training on wound evaluation and treatment skills can be integrated, followed by publications /research works.

Acknowledgements

This wound care surveillance programme is supported by faculties of surgery at JPNATC, AIIMS. The authors (wound care nurses) thanks Additional Prof Dr Sushma Sagar & Additional Prof Dr Maneesh Singhal for their help in organising wound care programme.

References

5. Van Rijswijk L, Polansky M. Predictors of time to healing deep pressure ulcers. Wounds 1994; 6:159-65

Corrigendum

In March-April 2014 issue of the NJI and April 2014 TNAI Bulletin readers may kindly note the rectification of the following:

1. TNAI Bulletin April 2014 Vol.3 No.4: Page No. 53 for the office of President, TNAI and for the office of Vice President of TNAI, North Zone, Page No. 54, please include Mrs. Kanwal Jit Gill, 1478-LM, H.No. 1017, Sector 39, Urban Estate, Chandigarh Road, Ludhiana-141010 (Punjab)
2. The Nursing Journal of India, March-April issue 2014 Vol. CV No. 2 : Page No. 81 of under the list of Eligible members for TNAI Elections-2014 for the office of President, TNAI. For the office of Vice President of TNAI, North Zone, Page No. 82: please include Mrs. Kanwal Jit Gill, 1478-LM, H.No. 1017, Sector 39, Urban Estate, Chandigarh Road, Ludhiana-141010 (Punjab).