Collaboration in the Care of Wounds

Mary R. Narayan RN, CWOCN
Wound Care and Ostomy Visiting Nurse Association and Hospice
Monterey, CA

As a fairly new certified wound ostomy continence nurse (WOCN), I have learned that all of the healthcare professionals involved in a case must cooperate in order to provide effective wound care to a patient.

I see wound care patients in their homes; I am one of many who provide care. These patients usually receive their daily care from home health agency staff and family members. However, multiple physicians and their staff — including diabetes educators, physical therapists, and nurses — provide direction to the home health agency and family. These professionals do not always agree on how to manage patients and their wounds. Although we all are concerned for the welfare of our patients and do what we individually think is right, our divergent approaches and different frequencies at which we see patients often result in a winding road to healing rather than the desired straight path.

Having a consistent care team for each patient can help straighten the path. When staff are familiar with the patient and his/her wound, determining wound progress or deterioration and assessing patient cooperation with care (or lack thereof) is easier and facilitates appropriate, timely, and efficient interventions.

Incorporating evidenced-based practice also will help straighten the path to healing. Using clinical practice guidelines in wound assessment helps focus the efforts of all involved in the patient’s healing, or when necessary, palliative care. Guidelines also provide rationale for ordering further diagnostic studies and, most importantly, can provide a standardized care plan for all caregivers throughout the care continuum.

Although clinicians sometimes focus on the hole in the patient, we truly need to look at the whole patient over the entire course of care, while following standards of practice based on clinical evidence.

Reference