

Wound Assessment and Management for Adults Policy



Title:

Wound Assessment and Management for Adults Policy

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Executive Lead:	Executive Nurse Director		
Target Audience:	All staff employed by NHS Lothian in all settings where staff interact with people requiring care, be it direct or indirect, and includes any staff member who has contact with them while performing their duties (including supplementary staff, and students).		
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Version Control

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May-Nov 2025	NHS Lothian Tissue Viability Team	v0.1-0.6	New policy under development
Nov 2025	NHS Lothian Tissue Viability Team	v1.0	Approved by the Policy Approval Group

Executive Summary

This policy provides a strategy for wound assessment and management for Adults across NHS Lothian services to ensure that all NHS Lothian clinical staff are aware of, and adhere to, the standards expected of them to provide safe and effective wound care. This will optimise healing and enhance comfort and dignity.

Developed with reference to national guidelines and local best practice, it aims to optimise wound care by ensuring accurate assessment, timely interventions, and consistent documentation to improve outcomes.

This policy should be read in conjunction with the associated guidelines and pathways, e.g. Negative Pressure Wound Therapy guideline, Skin Tear Pathway and other NHS Lothian policies such as Pressure Ulcer Prevention and Management.

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1.0 Purpose

The purpose of this policy is to ensure that all people who require wound care within NHS Lothian are systematically assessed and have an appropriate wound management plan recorded in their clinical record; that these plans are regularly reviewed and revised as clinically indicated with appropriate and timely referrals to other supporting specialities e.g. Vascular, Dermatology, Burns and Plastics. This policy will include the expectations regarding clinical care for all clinical staff (Medical, Nursing, Midwifery and AHPs) as well as documentation and education for all Nursing and Midwifery staff involved in the provision of wound care.

2.0 Policy statement

To ensure that all healthcare professionals involved in wound care understand the importance of accurate wound assessment and management. The effective assessment and management of wounds are critical components of the persons care that directly influence healing outcomes, reduce complications, and enhance quality of life. This policy sets out the principles and expectations for delivering high-quality, evidence-based wound care across all clinical settings.

3.0 Scope

This policy is based on the best available evidence at the time of development and applies to all clinical staff providing wound care and management for adults (16+ years) across NHS Lothian.

Where clinical judgement necessitates deviation from this policy, the responsible registered clinician must clearly document the rationale for their decision. In certain settings, such as the Emergency Department or Outpatient Clinics, local procedures may be in place that do not fully align with this policy. In such cases, clinical staff must ensure that any divergence is clearly recorded, along with the reasoning behind it.

This policy does not apply to acute wounds healing by primary intention that require closure using clips, sutures, or wound glue, unless complications arise that necessitate ongoing wound management.

This policy does not cover for wound management in children. A child is defined as being up to their 16th birthday (NHS Lothian Ref Help).

4.0 Definitions

Acute Wound: An acute wound is an injury to the skin that occurs suddenly rather than over time. It heals at the predictable and expected rate of the normal wound healing process. Acute wounds can occur anywhere on the body and vary from superficial scratches to deep wounds damaging blood vessels, nerves and muscles.

A Non-Healing Wound (also known as chronic or hard to heal): A wound that has failed to progress through the phases of healing in an orderly and timely fashion and has shown no significant progress toward healing in 30 days.

Surgical Wound: Surgical wounds are incisions made purposefully by a healthcare professional and are cut precisely, creating clean edges around the wound. Surgical wounds may be closed with stitches, staples or adhesive or left open to heal.

Traumatic Wound: Traumatic wounds are sudden, unplanned injuries that can range from minor, such as a skinned knee, to severe, such as a gunshot wound. Traumatic wounds include abrasions, deep lacerations, skin tears, bites, and penetrating trauma wounds.

Tissue Viability: Tissue viability refers to the ability of bodily tissues to endure pressure, friction, and shear. It is particularly important in healthcare for preventing and managing pressure ulcers and ensuring optimal wound healing. The Tissue Viability Service provides clinical expertise and advice on wound prevention and healing to ensure people receive the best care.

5.0 Implementation roles and responsibilities

5.1 Executive Nurse Director

The Executive Nurse Director has overall responsibility for the development, dissemination and implementation of the NHS Lothian Wound Assessment and Management for Adults Policy.

5.2 Directors of Nursing, Midwifery and Allied Health Professions (AHPs)

Directors of Nursing, Midwifery and Allied Health Professions have responsibility for ensuring the effective implementation of this policy throughout the organisation and embedding processes within clinical areas including monitoring compliance with and the effectiveness of this policy.

5.3 Chief Nurses, Chief Midwife, Chief AHPs, and Ass. Nurse Directors

Chief Nurses, Chief Midwives, Chief Allied Health Professionals, and Associate Nurse Directors are responsible for the implementation of this policy within their areas of responsibility, including the development of local standard operating procedures, as necessary.

5.4 Tissue Viability Team

The Tissue Viability (TV) Team act as expert advisers to the Executive Nurse Director and associated teams, providing clinical leadership and support in implementing this policy.

The team are responsible for updating local guidelines and procedures in accordance with national and international best practice. They ensure they remain updated with the latest clinical evidence and guidance on wound management.

Education and training on wound management will be delivered by the team in a variety of formats across care settings. Information and booking options are available via the Tissue Viability webpages and eESS.

The team provides specialist clinical advice, joint assessments and treatment plans to support staff and individuals with wounds where standard interventions have not led to improvement. All referrals to the service will be actioned within the organisation's defined key performance indicators. Support may be delivered face-to-face, via email, or through telehealth, using photographs or video consultations.

Where Tissue Viability input has been provided, ongoing responsibility for monitoring and care remains with the clinical team overseeing the individual.

Additional responsibilities include:

- Contributing to National Procurement commodity advisory panels, East Region Formulary developments, and related contracts.
- Maintaining and updating the Tissue Viability intranet page.
- Working to improve care pathways and patient experience.
- Supporting and sustaining an active Tissue Viability Link Practitioner network.

5.5 Tissue Viability Link Practitioners

Tissue Viability link practitioners will function as an additional resource to clinical areas in promoting adherence to this policy and other Tissue Viability related policies, guidelines, and standard operating procedures. They should complete the core tissue viability training (Principles of Wound Healing, Pressure Ulcer Prevention and Management) as part of becoming a link practitioner and additionally if relevant to their clinical role the Leg Ulcer Assessment and Management study day. They will attend link practitioner meetings, disseminating all relevant wound management and treatment information in their clinical area. Clinical updates will be provided at link practitioner meetings and study days.

5.6 Medical teams and General Practitioners (GPs)

Medical teams and GPs should be aware of this policy and the implications in practice. They should ensure people presenting with wounds have the appropriate support to help manage their wound care and refer to the appropriate speciality. They will address specific medical problems that will increase the risk of contributing factors which may delay wound healing, and work in conjunction with the Healthcare provider who is responsible for the management of the persons wound care.

5.7 Clinical Nurse Managers, Charge Nurses and Midwives, Lead AHPs, Community Team Managers and Clinical Leads

Clinical Nurse Managers, Charge Nurses and Midwives, Lead Allied Health Professionals (AHPs), Community Team Managers and Clinical Leads are responsible for ensuring that individuals receive care in accordance with this policy and all related Tissue Viability guidelines and procedures.

They must ensure a process is in place to monitor compliance with the relevant documentation, including through regular audit activity.

They should ensure that systems are in place to support the training of all staff who are required to undertake wound care which is available to book via eESS, seeking tissue viability support for any additional education support as required. They should ensure all staff maintain and update their knowledge, skills, and competence in line with their roles and responsibilities to care for people who have wounds or wound care needs, in order to deliver consistently high standards of care based on the best available evidence. They should ensure records of training and competence are recorded on health roster and kept up to date. They should support and guide the Tissue Viability Link Practitioners to deliver the objectives of their role.

They should also ensure appropriate assessments such as, [Wound Assessment Chart and Treatment Plan](#) are completed, implemented, and reassessed within stipulated timescales and as required according to the individual's needs, by appropriately trained staff.

Clinical leaders should encourage the timely referral to the appropriate specialist team when required. This includes, but is not limited, to Vascular Surgery, Dermatology, Diabetic Podiatry, and Tissue Viability services.

They should also support the use of medical photography, where available, or alternative imaging systems such as registered cameras, to provide a digital record of wound progression.

They should monitor compliance with the [East Region Formulary](#) and procurement ordering systems to ensure appropriate use of wound management products.

5.8 All registered Nursing/Midwifery staff

All registered Nursing/Midwifery staff should ensure that an assessment of skin integrity is completed for every individual under their care within six hours of hospital admission or at the first community visit.

Individuals presenting with new or existing wounds should have a [Wound Assessment Chart and Treatment Plan](#) completed at the initial assessment. This plan must include the prescribed frequency of review. If the person's wound, or condition change outside the scheduled review period, the wound assessment chart should be updated accordingly.

For certain acute wounds, such as surgical incisions, a wound assessment and treatment plan may not be required. Staff should use clinical judgement to determine whether completion is necessary, based on the wound's healing progress and the need for ongoing care.

Within the wound assessment chart, a treatment plan must be included to guide ongoing wound management. This plan should be based on the wound's presentation and the identified treatment goals. For individuals with existing wounds, staff should contact the relevant healthcare practitioner to confirm the current wound management plan.

Medical photography or access to registered imaging systems should be used, with the persons consent, to record images of wounds and the clinical progression.

5.9 All Nursing/Midwifery/AHP staff

All Nursing/Midwifery/AHP staff involved in wound care must have an appropriate level of training and a sound understanding of wound management principles. Staff should ensure that they feel confident and competent in the assessment, treatment, and management of wound types relevant to their clinical area.

Training should include, but is not limited to:

- Principles of wound management and pressure ulcer prevention training provided by the Tissue Viability team
- TURAS modules (e.g., management of infected wounds)
- Online webinars relevant to the clinical specialty.

All registered nurses/midwives/AHPs are expected to challenge any unsafe practice.

All registered Nurses/Midwives/AHPs should refer to the relevant speciality if the ongoing management is outwith their current level of competence, or if specialist support is required for ongoing wound management or clinical presentation. This includes but is not limited to vascular surgery, dermatology, burns and plastics, podiatry, diabetes multidisciplinary foot service, and tissue viability. All registered Nurses/Midwives/AHPs should follow the prescribed treatment plans from the relevant specialities or seek further support should wound healing fail to improve.

The Tissue Viability Service provision provides clear referral criteria, with associated response times. Upon referral, it is expected that the registered Nurse/Midwife responsible for the individual's care will attend the consultation, as ongoing wound management remains their responsibility.

Participation in specialist consultations offers an opportunity to enhance the knowledge and understanding of the attending registered staff member, supporting continuous professional development and improved patient care.

Each Nurse/Midwife/AHP will ensure that when delegating care to Health Care Assistants, they ensure that Health Care Assistants understand this policy and the implications for their practice (see [Delegation Guidelines for Nurses, Midwives, Allied Health Professionals and Healthcare Support Workers](#)). They must ensure an accurate care plan is in place recorded by a registered member of staff and that this has been reviewed at least weekly. They should ensure that the wound type is suitable for healthcare support workers to manage as listed in the Health and Social care workers framework for tissue viability education caring for adults aged 16 or over.

The Nurse/Midwife/AHP should ensure that the individual and, where appropriate, their family members or carers are actively involved in decisions regarding their care. Informed consent must be obtained for all treatments and for the use of medical photography or other imaging methods to document wound progression.

5.10 Non-registered clinical staff

All non-registered clinical staff who are involved in wound care must complete the relevant training outlined in the [Health and Social Care Workers Framework for Tissue Viability Education: Caring for adults aged 16 or over](#) (available on the NHS Lothian Tissue Viability intranet pages). They must also complete the appropriate competency assessment document for their role and ensure they feel confident in delivering wound care safely and effectively.

Staff must follow the relevant standard operating procedures and ensure that an accurate, up-to-date care plan, prescribed by a registered member of staff, is in place. All care provided, or care that is excluded (with reasons), must be documented clearly and accurately.

If any issues arise or the care plan cannot be followed, this must be escalated to a registered member of staff for review and action.

5.11 Students (including Medical, Nursing, Midwifery and AHPs)

Students must work in partnership with clinical teams to ensure appropriate supervision is in place. If undertaking wound care, they should ensure that they feel competent and confident in performing the clinical skill, supported by relevant knowledge and understanding. Before carrying out any wound care, students must confirm that a current and up-to-date care plan is in place.

Students are encouraged to participate in the [education and training](#) provided by the Tissue Viability Service, which can be arranged directly with the team. Competency-based education may be attended prior to registration; however, formal competency achievement must be completed post-registration within practice.

5.12 Transfer of Care

All people who have been identified with wound management needs and are to have their care transferred to another ward/area/service, the receiving area should be provided with a relevant wound management handover. This ensures continuity of care and awareness of this nursing need. For discharge into community setting, including care homes, a 7 day supply of wound management products should be provided. This discussion and handover should be recorded clearly in the person's medical record.

5.13 Education and training

It is expected that all registered and non-registered staff (Band 3 and above) complete the Principles of Wound Management Study Day if they are required to provide wound care and management.

Tissue Viability (TV) Education and Training information can be found on the [Tissue Viability intranet pages](#) and is bookable via eESS. Training can be attended by any staff member who wound management is relevant to their role and responsibilities.

Further education or events may be provided by the TV service, and this is communicated via email and their intranet pages. The service can be contacted for any

additional education if required by areas. Additional learning can be found on the [TURAS Learn](#) platform.

6.0 Associated materials

[Scottish Wound Assessment and Action Guide](#), Healthcare Improvement Scotland, February 2021

[Scottish Ropper Ladder for Infected Wounds](#), September 2017

[Prevention and Management of Pressure Ulcers Policy](#), approved by the Policy Approval Group, November 2025

[Best Practice Statement: Addressing skin tone bias in wound care: assessing signs and symptoms in people with dark skin tones](#), Wounds UK, 2021

[Leg Ulcer Guidelines](#) (available on the NHS Lothian Tissue Viability intranet pages)

[Best Practice Guidelines for the use of Negative Pressure Wound Therapy \(NPWT\)](#), NHS Lothian 2020 (available on the NHS Lothian Tissue Viability intranet pages)

[Health and Social Care Workers framework for tissue viability education caring for adults 16 and over](#), available on the NHS Lothian Tissue Viability pages

[Optimum wound healing 9 step guide](#), NHS Lothian

[NATVNS Wound Cleansing Pathway](#), National Association of Tissue Viability Nurse Specialists (Scotland), November 2023 (available on the NHS Lothian Tissue Viability intranet pages)

[NATVNS Limb Haematoma Pathway](#), NATVNS/NHS Scotland, 2023 (available on the NHS Lothian Tissue Viability intranet pages)

[Biofilm Management Pathway](#), NHS Lothian Tissue Viability Service, July 2023 (available on the NHS Lothian Tissue Viability intranet pages)

[Skin Tear Guidance](#), NHS Lothian Tissue Viability Service, April 2023 (available on the NHS Lothian Tissue Viability intranet pages)

[NATVNS Wound Care and Skin Care of Lower Limbs with Cellulitis](#), NATVNS/NHS Scotland (available on the NHS Lothian Tissue Viability intranet pages)

[Adult Skin Care Guidelines](#), NHS Lothian Tissue Viability Service, January 2021

[Wound Assessment Chart and Treatment Plan \(LOT1929\)](#), NHS Lothian Tissue Viability Service, August 2022

[Delegation Guidelines for Nurses, Midwives, Allied Health Professionals and Healthcare Support Workers](#), Nursing and Midwifery SMT, August 2025

[East Region Formulary](#)

7.0 Evidence base

Providing evidence based wound management can reduce the burden of wound care on healthcare services. Guest et al (2020) demonstrated in their data collection a 71% increase in the annual prevalence of wounds between 2012/2013 to 2017/2018. 67% of the total wound expenditure is on chronic or non-healing wounds (Wounds UK 2022).

All registered Nurses and Midwives should be working within the NMC code of conduct which states that records are completed accurately and without any falsification, taking immediate and appropriate action if you become aware that someone has not kept to these requirements. Further to this they should accurately identify, observe, and assess signs of normal or worsening physical and mental health in the person receiving care.

The Vale of Leven report (2014) highlighted failings in recording wound care and the Recommendation 26 states: Health Boards should ensure that where a patient has a wound or pressure damage there is clear documentation of the nature of the wound or damage in accordance with best practice guidance, including the cause, grade, size and colour of the wound or damage. The pressure damage or wound should be reassessed regularly according to the patient's condition. Compliance should be monitored by a system of audit.

8.0 Stakeholder consultation

This policy was created and reviewed by Tissue Viability Lead Nurse, the Tissue Viability Service, and was reviewed by the operational Nurse Directors Group.

This policy was also placed on the NHS Lothian Consultation Zone for a period of 4 weeks to give all NHS Lothian staff an opportunity to provide feedback/comment, and an Equality and Children's Rights Impact Assessment was carried out.

9.0 Monitoring and review

Local procedures should be put in place local procedures to monitor the adherence to this policy.

Staff completion of education required for competence will be monitored locally as part of the Personal Development Planning and Review Process

This policy will be reviewed every three years, as a minimum, or before if there are any changes in best practice or if the results of audit and/or inspections render the policy in need of review prior to this. The Tissue Viability Service will continuously review implementation of the policy and prompt early review if required.