

Determining Healability Tool

The Focused Holistic Health Assessment for Wounds: Determination of the Wound's Current Position in the Management Matrix

Co Morbid Conditions	Important Questions to Ask	Yes / No (circle Y / N)	Implications for Determination of Appropriate Management
Cancer	1. Is this wound a malignant tumor?	Yes No	
Major Organ Failure	1. Does this person have end stage heart, lung, kidney and /or liver disease?	Yes No	
Vascular Disease	1. Does this person demonstrate the following signs of limb ischemia? <ul style="list-style-type: none"> a. Pulselessness b. Pallor c. Pain d. Paresthesia e. Paralysis f. Palor (cold) 2. Does the person describe claudication in the thigh? 3. Does the person describe rest pain in the foot? 4. Does this person have inoperable or uncorrectable lower extremity arterial disease as indicated by the following indicators of <u>Critical Limb Ischemia</u> ? <ul style="list-style-type: none"> a. If a leg ulcer: Is the ABPI ≤ 0.5 mmHg? b. If a leg ulcer is the TPCO₂ <30 mmHg? c. If a leg ulcer is the absolute ankle pressure < 50 mmHg? d. In a Person Living with Diabetes is the ABPI > 1.4 mmHg? e. In a non-diabetic foot ulcer, is the absolute systolic toe pressure < 30 mmHg? 	Yes No Yes No Yes No Yes No	

If the answer is **YES** to any of these conditions, consider a non-healing pathway.

For persons receiving palliative care with major organ failure or malignant wounds, provide supportive care and comfort, minimize the risk of infection and manage pain.

For lower limbs that meet the criteria for limb ischemia minimize risk for infection and refer immediately to a vascular specialist.

Do not debride stable eschar in the ischemic limb until perfusion status is confirmed.

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Co-Factors	Important Questions to Ask	Yes / No (circle Y / N)	Implications for Determination of Appropriate Management
Diabetes	1. Does this person have an HgbA1c above normal limits? (normal = HgbA1c <6.5)	Yes No	If the answer is YES to any of these questions, consider a <u>maintenance-healing</u> pathway until these conditions are reversed or mitigated.
Venous Disease	1. Does the person have lower extremity venous disease and they are unable to tolerate compression? This is ok.	Yes No	
Immune Compromise	1. Does the person have abnormally low Hemoglobin? (Normal Hemoglobin for men 13 - 18 g/dL and for women 12 - 16 g/dL) 2. Has this person had a chronic illness for >6 months? (potential for anemia of chronic diseases) 3. Does this person have HIV-AIDS?	Yes No Yes No Yes No	
Morbid Obesity	1. Does the person have a BMI of >40?	Yes No	
Nutritional Compromise	1. Does the person have 1 or more abnormal serum protein values? (Normal values: Albumin: 3.5 –5.0 gm/dL, transferrin 200 – 360 mg/dL, prealbumin 16 – 40 mg/dL, or retinol-binding protein 2.6 – 7.6 mg/dL) 2. Has this person demonstrated an unintended weight loss of 10% or more in the last 6 months?	Yes No Yes No	
Cognition	1. Does the person have cognitive deficits (for any reason) that would impact their ability to either understand or adhere to treatment.	Yes No	

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Medications	Important Questions to Ask	Yes / No (circle Y / N)	Implications for Determination of Appropriate Management	
Steroids	1. Has this medication been in use for more than 3 months?	Yes No	If the answer is YES to any of these questions, consider a maintenance-healing pathway until these medications are discontinued or their negative effect on wound healing mitigated.	
	2. Is this medication to be continued during the wound management period?	Yes No		
Chemotherapy/Radiation	1. Will this treatment continue during the wound management period?	Yes No		
	2. Has the area of wounding been radiated?	Yes No		
Lifestyle	Important Questions to Ask	Yes / No (circle Y / N)	Implications for Determination of Appropriate Management	
Use of Tobacco	1. Does the person smoke?	Yes No	If the answer is YES to any of these questions, consider a maintenance-healing pathway until these life style issues are resolved or their negative effect on wound healing mitigated.	
	Mobility	1. Does the person have impaired mobility? (Or lack of caregiver to ensure ability to change body position?)		Yes No
		Financial Resources		1. Does the person have financial limitations that would affect their ability to adhere to the proposed treatment regimen?

Reference

1. Despatis M, Shapera L, Parslow N, Woo K. Complex Wounds. Wound Care Canada. 2008;8(2):24-25.
2. McNaughton V, VanRennes J. (2010) North Simcoe Muskoka LHIN; Health Outcomes World Wide; Used with permission. Complete document available at:
http://www.nsmhlin.on.ca/uploadedFiles/Public_Community/Current_Initiatives/Wound_Care_Project/FocusedHolisticHealthAssessment.pdf