

# Supported Self-Management Patient Journal

This is your wound care journal, for you to complete at home. We would kindly ask that you fill in this booklet each time you change your dressing and please have it with you when you see your nurse.

This will help you to keep a record of how often you are changing your dressing, the size of your wound, how much the wound is leaking and any changes you have noticed. This will also help the nurse when you have your review appointment.



Robert Barley | Wound Care Patient



Alprep® Pad



Biatain® Silicone

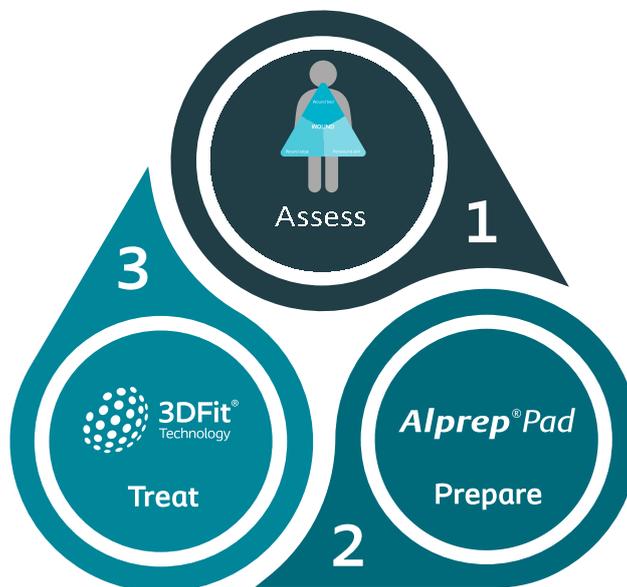
# Introduction

Research shows that helping you to share the care of your wound can improve self confidence and enhance the understanding of your condition. It may also improve your quality of life and be more convenient for you.

In consultation with your Healthcare Professional, you have been selected to share in the care of your wound. Rest assured you will receive ongoing support from your Healthcare Professional until your wound has healed.

## The 3 Step Approach by Coloplast

Simplifying Wound Healing



**Step 1:**  
**Assess**

Holistic and wound assessment is paramount in defining treatment objectives.

**Step 2:**  
**Prepare**

Wound preparation is key to remove the barriers to healing, creating an optimum healing environment.

**Step 3:**  
**Treat**

Simplified portfolio of dressings to manage a wound of any depth and stage of healing.

# Contract and Consent

This Supported Self-Management document forms an agreement between you and your Healthcare Professional. Your Healthcare Professional will agree regular review points with you as part of this agreement to your ongoing care. Supported Self-Management does not mean you are alone in managing your wound.

Your review will be every ..... days/weeks, unless you require assistance prior to then. (If this is required please follow the escalation process below). For example: if you are worried that your wound is deteriorating, or you have developed an infection.

In return, your Healthcare Professional requires your commitment to the Supported Self-Management process, which will enable you to manage your own intimate healthcare needs.

Your Healthcare Professional will commit to completing your plan of care with you and ensure that you are able to perform the required dressing changes in order to manage your wound.

If you are unable to perform the dressing changes yourself, you may have a carer or family member (third party) that is able to assist you with this. In these circumstances, with your consent, your Healthcare Professional will give the required information to the third party involved, to enable them to best support you.

Photographs may be taken of your wound throughout this process. Please tick the box before signing below to ensure that you are happy for these photographs to be taken, and used for education/training/resource purposes.

(All photographs will be anonymised prior to any use).

## Escalation Process

If you require assistance before your agreed review date, please do not hesitate to contact your Healthcare Professional. (They would prefer to hear from you with any concerns you may have, rather than you feel you have to manage alone).

**Name:** .....

**Contact number:** .....

**Available hours:** .....

Outside of your Healthcare Professional’s working times, if your concern is urgent, please contact your registered GP practice or 111. Please take this document with you to any wound related medical appointments.

Please sign below if you agree to this Supported Self-Management programme. (Third party can sign this on your behalf, if they have consent or legal power of attorney over your healthcare needs).

**Patient’s signature:** .....

**Third party/Power of attorney:** .....

Healthcare Professional should check power of attorney documents in order to accept this if required.

**Healthcare Professional:** .....

## Patient Inclusion Criteria

Patient/Carer wound care competencies:

Criteria	Capability Demonstrated <i>Please tick</i>	Assessors Initials
Hand hygiene and clean technique?	<input type="checkbox"/>	.....
Understands how to perform wound preparation (cleansing and debridement)?	<input type="checkbox"/>	.....
Understands how to change their dressing?	<input type="checkbox"/>	.....
Understands the signs and symptoms of wound deterioration? <i>(Increased pain, redness, size, wetness, heat, swelling, smell, or deterioration of the surrounding skin)</i>	<input type="checkbox"/>	.....
Understands when and where to report any problems?	<input type="checkbox"/>	.....



# Supported Self-management Journal

Patient's name: .....  
Date of birth: .....  
NHS number: .....  
Clinician's name: .....  
GP Practice: .....

## About your wound care: (to be completed by your Healthcare Professional)

Step 1: Assessment - wound type: .....

Step 2: Prepare - wound preparation tool:

Alprep® Pad  Other  (please specify): .....

Frequency of wound preparation: Daily  Every Other Day  Twice weekly  Weekly

Step 3: Treat - Dressing: Biatain® Silicone  Other  (please specify): .....

Dressing size: .....

Quantity of dressings: .....

Frequency of dressing change: Daily  Every Other Day  Twice weekly  Weekly

Recommended day for dressing change(s): Monday  Tuesday  Wednesday   
Thursday  Friday  Saturday  Sunday

Has a photograph of the wound been taken? Yes  No

Wound care plan:

- .....
- .....
- .....
- .....
- .....

Agreed reassessment date: DD / MM / YY ..... Time: .....

Clinician's signature: ..... Date: DD / MM / YY .....  
Patient's signature: ..... Date: DD / MM / YY .....

# How do I know if my wound becomes infected?



There are some signs that you should be aware of, as they can be signs of wound infection.

**Contact your Healthcare Professional if you notice any of the following:**

- The wound is not progressing as expected
- The wound may be oozing or leaking more than usual, or the wound fluid becomes thicker
- The wound may be wetter than normal
- An increase amount of pain from your wound
- An unusual smell from the wound
- An increase in redness and/or swelling around the wound

**Please note** that if you have a diabetic foot ulcer, your wound may not show these signs - always be very aware of any changes in your wound and contact your Healthcare Professional if you have any concerns.

## ***Be aware of spreading infection***

If you experience any of the following, contact your Healthcare Professional **immediately**:

- Redness, pain and/or swelling spreads to areas away from the immediate edge of the wound
- You feel unwell, develop a temperature, have a fever or shivers.

# Wound Diary

Please answer the questions below for each dressing change:	Dressing Change Date: DD / MM / YY			
Why was the dressing changed? 1. Due to be changed 2. Leaking 3. Dressing falling/fallen off 4. Other (please tell us why)				
Was the wound: bigger / smaller / the same?				
Was the wound leaking: more / less / the same?				
Was there a smell to your wound? Please indicate if this was through the dressing or during the dressing change.				
Is your wound painful? Please score your pain between 1 and 10. <i>(0 = not painful, 10 = very painful)</i>				
Do you feel your wound is improving? <i>(Yes / No / Don't know)</i>				
Did you find wound preparation easy? <i>(Yes / No / Don't know)</i>				
Do you find the dressing change easy? <i>(Yes / No / Don't know)</i>				
Did you take a photograph? <i>(Yes / No)</i>				

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Do you find the dressing change easy? <i>(Yes / No / Don't know)</i>				
Did you take a photograph? <i>(Yes / No)</i>				

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Do you feel your wound is improving? <i>(Yes / No / Don't know)</i>				
Did you find wound preparation easy? <i>(Yes / No / Don't know)</i>				
Do you find the dressing change easy? <i>(Yes / No / Don't know)</i>				
Did you take a photograph? <i>(Yes / No)</i>				

# Amendments to your wound care

Amendment date: DD / MM / YY

Why have the amendments been made:

.....  
.....  
.....  
.....

## About your amended wound care (to be completed by your Healthcare Professional):

Step 1: Assessment - wound type: .....

Step 2: Prepare - wound preparation tool:

Alprep® Pad  Other  (please specify): .....

Frequency of wound preparation: Daily  Every Other Day  Twice weekly  Weekly

Step 3: Treat - Dressing: Biatain® Silicone  Other  (please specify): .....

Dressing size: .....

Quantity of dressings: .....

Frequency of dressing change: Daily  Every Other Day  Twice weekly  Weekly

Recommended day for dressing change(s): Monday  Tuesday  Wednesday   
Thursday  Friday  Saturday  Sunday

Has a photograph of the wound been taken? Yes  No

Wound care plan:

- .....
- .....
- .....
- .....
- .....

Agreed reassessment date: DD / MM / YY

Time: .....

Clinician's signature: ..... Date: DD / MM / YY

Patient's signature: ..... Date: DD / MM / YY

