

**COMMUNITY INTEGRATED PARAMEDICINE
Treatment Protocol
WOUND CARE**

Initial Date: December 14, 2020

Revised Date:

Section 11-62

This protocol is for trained CIP Paramedics only. If during assessment, procedure, or treatment the patient is found to have a medical emergency in need of hospital treatment, the CIP visit will be suspended, and local MCA protocols utilized.

Purpose: To provide additional guidelines beyond the CIP General Assessment and Care for evaluating, caring for and educating patients with wounds.

Aliases:

- I. Follow **CIP Patient General Assessment and Care protocol**
- II. Obtain additional vital signs, history, and diagnostics pertinent to condition and/or as ordered by physician which may include:
 - a. Vitals/physical assessment:

~~i. Categorize, stage and measure wound when applicable~~

Stage	Description
Stage I	Non-blanchable erythema of intact skin
Stage II	Partial thickness skin loss; ulcer extends down to epidermis and/or dermis
Stage III	Full thickness skin loss; ulcer extends down to subcutaneous fat and fascia
Stage IV	Full thickness skin loss with extensive destruction and tissue necrosis; ulcer extends down to muscle, bone, tendon, or joint capsule

~~ii. Location and extent of skin changes~~

~~iii. Redness, drainage, weeping, ascending redness, warmth of skin, tract formation~~

~~iv. Presence of pain~~

- b. History:
 - i. Mechanism and duration of wound
 - III. On scene medication administration may include:
 - a. Use of approved MCA protocols and medications up to the extent of standard paramedic treatment according to protocol.
 - IV. On-scene interventions may include:
 - a. Suture Removal **see CIP Suture Removal protocol** (optional)
 - b. Decontamination and cleansing of wound
 - c. Wound closure utilizing wound closure strips
 - d. Wound dressing
 - V. On-scene education and suggested support sources may include:
 - VI. Counsel/Educate

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- a. ADL precautions
- b. Self-administered wound care

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