

Learning Outcomes Tier 3 - Wound Care Alliance

Patients with wounds which present with 50% or more slough/necrosis/devitalised tissue in the wound bed OR that require involvement and support from a specialist service, but can be managed within the GP practices with shared care following the overarching management plan from the specialist service (Consultants, Tissue Viability and Lymphoedema Services, Skin Integrity Team, Podiatry Team, Local Burns Services, Dermatology).

The initial and every 4th holistic wound assessment is to be undertaken by a:

- Registered General Nurse (RGN)
- Registered Nursing Associate (RNA)

The dressing interventions and wound assessment between the above (3 intervention) can be carried out by a:

- Registered General Nurse (RGN)
- Registered Nursing Associate (RNA)
- Healthcare Assistant (HCA)
- Trainee Nursing Associate (TNA)

If any concerns arise this must be escalated to the Registered General Nurse (RGN)

Tier 3	RGN/ RNA	HCA/TNA
Module 11 Diabetic Foot Wounds		
Understanding of the anatomy and physiology of the arterial and nervous system to the lower leg and foot.	Yes	Yes
Understanding the impact of poorly controlled diabetes on the body and the foot in particular	Yes	Yes
Foot assessment including footwear checks.	Yes	Yes
Assessing diabetes foot ulcerations. Aetiology/ classification (using TIME, consider wound depth), other long term conditions that may impact on wound healing.	Yes	Yes
When to refer to Podiatry- is the wound static or deteriorating/ischaemic/neuro-ischaemic/neuropathic/pressure?	Yes	Yes
Education - Basic foot care advice for the patient	Yes	Yes
Wound dressing selection- exudate management, wound bed preparation, remains in place between appointments/ offloading for diabetes foot wounds.	Yes	Yes
Awareness of Charcot foot.	Yes	Yes
Signs of localised soft tissue infection, systemic infection, Osteomyelitis.	Yes	Yes
Module 12 Leg ulceration to incorporate comprehensive lower limb assessment - venous/arterial/mixed aetiology		
Accurate diagnosis and underlying aetiology of venous leg ulcers	Yes	No
Lower limb assessment including Ankle Brachial Pressure Index (APBi) Doppler /Medi APBi.	Yes	No
Module 13 Larval Debridement Therapy		
To identify what stops wounds from healing	Yes	Yes
Recap on the wound assessment process	Yes	Yes
To be able to identify the methods of debridement	Yes	Yes
Debridement decision making process	Yes	Yes
History of larvae in Wound Care	Yes	Yes
History of Modern LDT	Yes	Yes
Manufacturing Process	Yes	Yes
Evidence of LDT	Yes	Yes
To be able to understand the mode of action of LDT	Yes	Yes
To be able to relate the science behind LDT to clinical practice and patient outcomes	Yes	Yes
To be able to identify the appropriate usage of Bio bag and Free Range Larvae	Yes	Yes
To be able to relate theory to practice	Yes	Yes
To have a clear understanding of the key points that could be discussed with patients to enhance	Yes	Yes

concordance		
To be able to understand the features and benefits of LDT	Yes	Yes
To be able to relate all learnings to the practical application and patient outcomes of LDT	Yes	Yes
Module 14 Lymphoedema Wound Management Simple and Palliative		
Full holistic assessment with the ability to recognise the various causes of oedema which can co-exist with lymphoedema - cellulitis, deep vein thrombosis, hyperkeratosis	Yes	No
Module 15 Negative Pressure Wound Therapy		
Introduction to NPWT	Yes	Yes
NPWT and its role in Wound Bed Preparation	Yes	Yes
To be able to determine RENASYS and PICO	Yes	PICO only
To determine the mode of action for RENASYS and PICO	Yes	PICO only
To be able to define differences between RENASYS and PICO	Yes	PICO only
To establish the clinical indications of use and frequency of dressing changes RENASYS and PICO	Yes	PICO only
PICO Mode of action	Yes	Yes
Contraindications and precautions for PICO	Yes	Yes
When to commence and discontinue PICO		Yes
To demonstrate the indications of prophylactic use of PICO	Yes	Yes
To identify the use of PICO in closed incisional management	Yes	Yes
PICO Fault Finding	Yes	Yes
To establish key fault findings RENASYS	Yes	No
The use of Wound contact layers and fillers RENASYS	Yes	No
To demonstrate foam and gauze applications RENASYS	Yes	No
To demonstrate clinical indications for the use of “fillers” RENASYS	Yes	No
Ability to report escalate concerns and onward referrals	Yes	No
Accountability and record keeping	Yes	No
Module 16 Tier 3 Burns		
Demonstrate knowledge of the rationale for the selection of burn dressings and incorporate this into existing practice.	Yes	Yes
Ability to recognise when it is appropriate to link into and/ or move the patient across to other pathways e.g. Referral to Burns Service; Wound Infection; Diabetic Foot; Leg Ulcers/Compression; Sharp Debridement; Lymphoedema/ Heavy Exudate: Chronic Wound.	Yes	Yes
Carry out more complex dressings with a regard to function and comfort e.g. Hand Dressings; Paediatrics.	Yes	Yes
Ability to assess the likelihood of functional impairment as a result of burn injury and take appropriate action. E.g. Advise re ROM; Referral to Burns Service; Physiotherapy Referral.	Yes	Yes
Ability to recognise burn wounds likely to result in hypertrophic scarring, advise and refer accordingly.	Yes	Yes
Demonstrate an awareness of the care of a Split Thickness Skin Graft and its Donor Site.	Yes	Yes
Ability to function as a resource for Tier 1 and 2 nurses and provide more in depth advice regarding burn wound care and referral.	Yes	Yes
Demonstrate an awareness of background and procedural pain and facilitate appropriate analgesia prescription for the patient.	Yes	Yes
Demonstrate a knowledge of itch as part of burn wound healing and assist with its pharmacological and non-pharmacological relief.	Yes	Yes
Demonstrate a more in depth knowledge of the psychological issues which may affect a burn patient and how to obtain help for them.	Yes	Yes