

Wound Care – Self Management Plan Patient/ Carer.

COMPETENCY BOOKLET

Trainee Name:					
Date of training:					
TAMESIDE AND GLOSSOP INTEGRATED CARE NHS FT					



Competency framework

As part of integrated working and the 'Living Well at Home' project a competency framework has been developed to ensure safe and efficient practice providing assurances that allied health professionals are educated and deemed competent to complete tasks implemented by the District Nurse Team.

Patient/carer education

Practitioners must be able to effectively educate the patient/carer in all activities that will be required for them to self-manage. This will include the changing of dressings, cleaning the wound, recognising normal healing and any deviation from this, identification of pressure damage occuring and the contributory factors which may add to the risk factors Education will include the provision of a comprehensive, personalised care plan and supporting written guidance.

Patient/Carer Competency

Each patient/carer must complete a competency assessments to indicate proficiency in self- care wound management. These will be supported and signed off by a named practitioner. All patients will have a personal care plan that has been agreed with the patient

Precautions

The patient's/carers level of skill, ability and confidence will influence the severity of wound care that they will be supported to manage. However, due to risks involved, the following will be excluded for consideration self-management, unless specifically agreed after discussion with the specialist tissue viability nurse:-

- Arterial leg ulcer wounds
- Wounds requiring compression bandages
- Fungating wounds
- pressure ulcers
- Wounds healing by secondary intention for first 5 days then clinical judgement
- Diabetic foot ulcers



Equipment

To support patients/carers to manage their own wounds, appropriate and sufficient equipment must be provided. As a minimum standard, this will include:-

- Dressing packs- 2 weeks supply
- Appropriate dressings (via prescription)
- Personalised care plan
- Wound care competency
- Visiting schedule

It is the responsibility of the clinician to ensure adequate supply of dressing packs and appropriate dressings

Documentation

All documentation must be kept in the patients' records and completed as per the record keeping policy. The Multi Professional Communication form must be completed with the original copy filed in the District Nurse notes in the patients home and carbon copy filed in the Care records within the patients home.



Competency framework

Competency	Method of Assessment	Assessment date 1:	Assessment date 2:	Assessment date 3:
Demonstrates competence undertaking hand hygiene	Discussion and Observation by Nurse			
Identifies 'clean' area to change dressing	Observation by Nurse			
Washes hands adhering to hand hygiene principles	Nurse Observation			
Undertakes wound care as per treatment plan	Observation and Discussion			
Disposes of waste correctly in a suitable bin	Observation by Nurse			
Awareness of signs and symptoms of wound deterioration	Discussion with Nurse (See Care Bundle)			
Ability to seek advice if any questions or concerns	Nurse Discussion (Contact Numbers given)			
Signature, designation Date Time				



