

**OKLAHOMA DEPARTMENT OF CORRECTIONS  
NURSING PROTOCOL  
WOUND CARE TREATMENT**

MSRM 140117.01.53  
(R-12/13)

Location:	Location:	Location:	Location:
Date Wound Identified:	Date Wound Identified:	Date Wound Identified:	Date Wound Identified:
<input type="checkbox"/> New <input type="checkbox"/> Recurrent			
Measurement:: Length _____ cm Width _____ cm Depth _____ cm			
Undermining/Tunneling: U/T _____ cm @ _____ U/T _____ cm @ _____ U/T _____ cm @ _____	Undermining/Tunneling: U/T _____ cm @ _____ U/T _____ cm @ _____ U/T _____ cm @ _____	Undermining/Tunneling: U/T _____ cm @ _____ U/T _____ cm @ _____ U/T _____ cm @ _____	Undermining/Tunneling: U/T _____ cm @ _____ U/T _____ cm @ _____ U/T _____ cm @ _____
Pressure Ulcer:    Non-Pressure Ulcer: <input type="checkbox"/> Stage I <input type="checkbox"/> Partial <input type="checkbox"/> Stage II <input type="checkbox"/> Full <input type="checkbox"/> Stage III <input type="checkbox"/> Stage IV <input type="checkbox"/> Unstageable <input type="checkbox"/> DTI	Pressure Ulcer:    Non-Pressure Ulcer: <input type="checkbox"/> Stage I <input type="checkbox"/> Partial <input type="checkbox"/> Stage II <input type="checkbox"/> Full <input type="checkbox"/> Stage III <input type="checkbox"/> Stage IV <input type="checkbox"/> Unstageable <input type="checkbox"/> DTI	Pressure Ulcer:    Non-Pressure Ulcer: <input type="checkbox"/> Stage I <input type="checkbox"/> Partial <input type="checkbox"/> Stage II <input type="checkbox"/> Full <input type="checkbox"/> Stage III <input type="checkbox"/> Stage IV <input type="checkbox"/> Unstageable <input type="checkbox"/> DTI	Pressure Ulcer:    Non-Pressure Ulcer: <input type="checkbox"/> Stage I <input type="checkbox"/> Partial <input type="checkbox"/> Stage II <input type="checkbox"/> Full <input type="checkbox"/> Stage III <input type="checkbox"/> Stage IV <input type="checkbox"/> Unstageable <input type="checkbox"/> DTI
Wound Edges: <input type="checkbox"/> Active epithelialization, flush with wound base <input type="checkbox"/> Attached to base <input type="checkbox"/> Defined wound edges <input type="checkbox"/> Not attached to base <input type="checkbox"/> Irregular wound edges <input type="checkbox"/> Epiboly <input type="checkbox"/> Hyperkeratotic <input type="checkbox"/> Fibrotic/scarred <input type="checkbox"/> Other: _____	Wound Edges: <input type="checkbox"/> Active epithelialization, flush with wound base <input type="checkbox"/> Attached to base <input type="checkbox"/> Defined wound edges <input type="checkbox"/> Not attached to base <input type="checkbox"/> Irregular wound edges <input type="checkbox"/> Epiboly <input type="checkbox"/> Hyperkeratotic <input type="checkbox"/> Fibrotic/scarred <input type="checkbox"/> Other: _____	Wound Edges: <input type="checkbox"/> Active epithelialization, flush with wound base <input type="checkbox"/> Attached to base <input type="checkbox"/> Defined wound edges <input type="checkbox"/> Not attached to base <input type="checkbox"/> Irregular wound edges <input type="checkbox"/> Epiboly <input type="checkbox"/> Hyperkeratotic <input type="checkbox"/> Fibrotic/scarred <input type="checkbox"/> Other: _____	Wound Edges: <input type="checkbox"/> Active epithelialization, flush with wound base <input type="checkbox"/> Attached to base <input type="checkbox"/> Defined wound edges <input type="checkbox"/> Not attached to base <input type="checkbox"/> Irregular wound edges <input type="checkbox"/> Epiboly <input type="checkbox"/> Hyperkeratotic <input type="checkbox"/> Fibrotic/scarred <input type="checkbox"/> Other: _____
Peri wound: <input type="checkbox"/> Intact/uninvolved <input type="checkbox"/> Macerated <input type="checkbox"/> Inflamed/erythematic <input type="checkbox"/> Indurated / firm <input type="checkbox"/> Excoriated <input type="checkbox"/> Denuded <input type="checkbox"/> Fluctuating/boggy <input type="checkbox"/> Deep red/purple <input type="checkbox"/> Other: _____	Peri wound: <input type="checkbox"/> Intact/uninvolved <input type="checkbox"/> Macerated <input type="checkbox"/> Inflamed/erythematic <input type="checkbox"/> Indurated / firm <input type="checkbox"/> Excoriated <input type="checkbox"/> Denuded <input type="checkbox"/> Fluctuating/boggy <input type="checkbox"/> Deep red/purple <input type="checkbox"/> Other: _____	Peri wound: <input type="checkbox"/> Intact/uninvolved <input type="checkbox"/> Macerated <input type="checkbox"/> Inflamed/erythematic <input type="checkbox"/> Indurated / firm <input type="checkbox"/> Excoriated <input type="checkbox"/> Denuded <input type="checkbox"/> Fluctuating/boggy <input type="checkbox"/> Deep red/purple <input type="checkbox"/> Other: _____	Peri wound: <input type="checkbox"/> Intact/uninvolved <input type="checkbox"/> Macerated <input type="checkbox"/> Inflamed/erythematic <input type="checkbox"/> Indurated / firm <input type="checkbox"/> Excoriated <input type="checkbox"/> Denuded <input type="checkbox"/> Fluctuating/boggy <input type="checkbox"/> Deep red/purple <input type="checkbox"/> Other: _____
Infection/Critical Colonization: <input type="checkbox"/> None noted Localized S/S: <input type="checkbox"/> Non-healing <input type="checkbox"/> Exudate increase <input type="checkbox"/> Red/friable <input type="checkbox"/> Odor <input type="checkbox"/> Pain > expected <input type="checkbox"/> New onset of pain Systemic S/S: <input type="checkbox"/> Size increase <input type="checkbox"/> Increase exudate <input type="checkbox"/> Odor <input type="checkbox"/> New breakdown <input type="checkbox"/> Temperature increase <input type="checkbox"/> Bone involvement	Infection/Critical Colonization: <input type="checkbox"/> None noted Localized S/S: <input type="checkbox"/> Non-healing <input type="checkbox"/> Exudate increase <input type="checkbox"/> Red/friable <input type="checkbox"/> Odor <input type="checkbox"/> Pain > expected <input type="checkbox"/> New onset of pain Systemic S/S: <input type="checkbox"/> Size increase <input type="checkbox"/> Increase exudate <input type="checkbox"/> Odor <input type="checkbox"/> New breakdown <input type="checkbox"/> Temperature increase <input type="checkbox"/> Bone involvement	Infection/Critical Colonization: <input type="checkbox"/> None noted Localized S/S: <input type="checkbox"/> Non-healing <input type="checkbox"/> Exudate increase <input type="checkbox"/> Red/friable <input type="checkbox"/> Odor <input type="checkbox"/> Pain > expected <input type="checkbox"/> New onset of pain Systemic S/S: <input type="checkbox"/> Size increase <input type="checkbox"/> Increase exudate <input type="checkbox"/> Odor <input type="checkbox"/> New breakdown <input type="checkbox"/> Temperature increase <input type="checkbox"/> Bone involvement	Infection/Critical Colonization: <input type="checkbox"/> None noted Localized S/S: <input type="checkbox"/> Non-healing <input type="checkbox"/> Exudate increase <input type="checkbox"/> Red/friable <input type="checkbox"/> Odor <input type="checkbox"/> Pain > expected <input type="checkbox"/> New onset of pain Systemic S/S: <input type="checkbox"/> Size increase <input type="checkbox"/> Increase exudate <input type="checkbox"/> Odor <input type="checkbox"/> New breakdown <input type="checkbox"/> Temperature increase <input type="checkbox"/> Bone involvement
• <i>Recommend localized or systemic antibiotic if 3 or more criteria noted</i>			
Etiology: <input type="checkbox"/> Pressure <input type="checkbox"/> Arterial <input type="checkbox"/> Venous <input type="checkbox"/> Surgical <input type="checkbox"/> Mixed <input type="checkbox"/> Diabetic <input type="checkbox"/> Other: _____	Etiology: <input type="checkbox"/> Pressure <input type="checkbox"/> Arterial <input type="checkbox"/> Venous <input type="checkbox"/> Surgical <input type="checkbox"/> Mixed <input type="checkbox"/> Diabetic <input type="checkbox"/> Other: _____	Etiology: <input type="checkbox"/> Pressure <input type="checkbox"/> Arterial <input type="checkbox"/> Venous <input type="checkbox"/> Surgical <input type="checkbox"/> Mixed <input type="checkbox"/> Diabetic <input type="checkbox"/> Other: _____	Etiology: <input type="checkbox"/> Pressure <input type="checkbox"/> Arterial <input type="checkbox"/> Venous <input type="checkbox"/> Surgical <input type="checkbox"/> Mixed <input type="checkbox"/> Diabetic <input type="checkbox"/> Other: _____
Healing Status: Push Score: _____ <input type="checkbox"/> Progressing well as expected <input type="checkbox"/> Stable wound bed maintained per goal <input type="checkbox"/> Plateau, stalled, but healing expected <input type="checkbox"/> Increased size s/p debridement <input type="checkbox"/> Increased exudate s/p debridement <input type="checkbox"/> Declining	Healing Status: Push Score: _____ <input type="checkbox"/> Progressing well as expected <input type="checkbox"/> Stable wound bed maintained per goal <input type="checkbox"/> Plateau, stalled, but healing expected <input type="checkbox"/> Increased size s/p debridement <input type="checkbox"/> Increased exudate s/p debridement <input type="checkbox"/> Declining	Healing Status: Push Score: _____ <input type="checkbox"/> Progressing well as expected <input type="checkbox"/> Stable wound bed maintained per goal <input type="checkbox"/> Plateau, stalled, but healing expected <input type="checkbox"/> Increased size s/p debridement <input type="checkbox"/> Increased exudate s/p debridement <input type="checkbox"/> Declining	Healing Status: Push Score: _____ <input type="checkbox"/> Progressing well as expected <input type="checkbox"/> Stable wound bed maintained per goal <input type="checkbox"/> Plateau, stalled, but healing expected <input type="checkbox"/> Increased size s/p debridement <input type="checkbox"/> Increased exudate s/p debridement <input type="checkbox"/> Declining
Contributing Factors: <input type="checkbox"/> Diabetes <input type="checkbox"/> Hypotension <input type="checkbox"/> Immobility <input type="checkbox"/> Malnutrition <input type="checkbox"/> Incontinence <input type="checkbox"/> Other: _____			

Recommendation for Treatment: \_\_\_\_\_

QHCP Signature/Credentials: \_\_\_\_\_ Date: \_\_\_\_\_

Offender Name: \_\_\_\_\_

DOC #: