Clinical Considerations (PTOT-2.0)

Integumentary Considerations (PTOT-2.1)

PTOT.2.1.A
v1.0.2023

Wounds, burns, and skin conditions are typically characterized by the disruption of integumentary integrity and can be of an acute or chronic nature. Chronic non-healing wounds, burns, and skin conditions fail to progress through a timely sequence of repair or proceed through the wound healing process without restoring anatomic and functional results. Wounds are generally defined as being chronic after 1 to 3 months of elusive healing.[13] The etiology of a skin lesion frequently assists in determining the treatment protocol. The Wound Healing Society classifies wounds according to four major etiologies: pressure ulcers, venous ulcers, arterial insufficiency ulcers and diabetic foot ulcers.[14] The five etiologies of burns include: thermal, chemical, electrical, radiological, and cold exposure.[15] Skin conditions and atypical lesions can have multiple etiologies, including: skin tumors, hypersensitivity syndromes/vasculitis, bullous diseases, connective tissue/skin diseases, cutaneous manifestations of internal diseases, factitious wounds, and animal bites.

Consideration of the need for skilled care for an individual with wounds, burns, or skin disorders necessitates determining the degree of tissue destruction present. Standardized tools that measure the severity of tissue loss are recommended to be used to demonstrate levels of abnormality [i.e. NPUAP Classification for Pressure Injury Staging, ABA Thermal Injury Classification]. Characteristics of the compromised tissue and wound bed must also be evaluated in order to appropriately manage skin disorders. Standardized, valid measures of lesion size, depth, tissue type, exudate, undermining, and tunneling are recommended to be used to demonstrate levels of abnormality when determining the need for skilled medical intervention. Baseline measures of tissue and wound bed characteristics should be assessed at the initiation of an episode of care. It is also recommended that these measurements be used weekly throughout an episode of care to track progress. [14-17]

The tracking of tissue health over a given period of time will help determine when continued skilled care is recommended. There valid and standard methods of tracking skin lesions and conditions. Standard measures should be used throughout an episode of care (See PTOT-2.0: Clinical Considerations). Only when there is documented evidence of clear benefit from the services provided, should services be continued. A 50% reduction of diabetic foot ulcer size in four weeks is a strong predictor of complete healing in 12 weeks.[18] In addition, a reduction in size of venous leg ulcers that is less than 40% at four weeks indicates that complete wound closure at 24 weeks is unlikely.[19] Superficial burns are expected to completely heal in 3-5 days, superficial partial thickness burns typically heal within 2-3 weeks, and deep partial thickness burns heal

within 3-9 weeks. Full thickness burns will often require extensive debridement and/or skin grafting.[20] Wounds and skin conditions will not always heal in a predictable manner, despite the utilization of skilled interventions that have been scientifically validated to promote wound healing. In general, we look for reasonable progress in would healing over a 30 day period of time. Consideration of the need for skilled care for an individual with wounds, burns, or skin disorders also necessitates determining any associated functional deficits. A lesion's impact on an individual's ability to perform ADLs/IADLs may possibly include restricting motion of associated joints and tissues or restricting functional mobility due to the need for off-loading or immobilizing affected limbs. Use of other common standard measures for daily function should also be used when limitations in ADLs/IADL are present.[14-17]

Individuals with wounds, burns, and skin conditions can present with various complexities and complications during an episode of care which could potentially compromise the normal tissue healing process. Common complications are infection and biofilm. Individuals may have autoimmune, metabolic or vascular disorder that impair healing. Infections, necrotic tissue, and foreign bodies can directly compromise the normal tissue healing process. Compromised tissue integrity and tissue healing may generate the dysfunction of other body systems. Vascular incompetence, development of musculoskeletal contractures, or further tissue destruction may occur and require the need for surgical intervention.[21,22] Severe burns may have received skin grafting or other surgical intervention. These complexities are not meant to be comprehensive of all instances requiring skilled care. The effect that complexities and complications may have on an individual's skin condition or wound to respond appropriately to the skilled care provided will be considered on a case-by-case basis (see Complexities/Complications in PTOT-1.1: Definitions)

Current peer-reviewed recommendations for skilled care of wounds/lesions indicate skilled care when there is clear failure of wounds/lesions to progress through normal healing in a timely manner, or there are complicated healing cycles. Current best evidence suggests that skilled care for skin lesions can restore skin integrity and function. Current recommendations state that skilled wound management should encompass effective therapeutic interventions and the eventual transition to a self-management program. There is a wide range of dressings and treatments recommended for wounds and burns.[14,16,17,20-22] Validated research based therapeutic interventions for the treatment of wounds and burns include the use of: cleansing, sharp debridement, pulsed lavage with suction, negative pressure wound therapy, biophysical agents, electrical stimulation, application of Unna boots, contact casting, splints, short stretch bandaging, dressings and multilayer bandaging.[14,16,17,20-24] Phototherapy (UVA, UVB, UVC) can be an effective treatment for skin conditions such as eczema, psoriasis and vitiligo.[25-28] Home programs for self-management may include tissue hygiene maintenance, compression treatment, contracture management and off-loading orthotics/devices once the wound is stabilized, routine wound cleansing and dressing changes. Patient education regarding long-term

maintenance and self-management should include patient specific strategies, including tissue hygiene maintenance once the condition is stabilized.[14,16,17,22-28]