

Wound assessment and aspects of wound interpretation - state of affairs -

Eberlein T, Brunner U, Zimpfer F, Andriessen, A, Assadian O, Augustin M, Bauernfeind G, Gerber V, Hoffmann M, Hunziker T, Jünger M, Risse A, Wozniak G, Abel M

Corresponding author: T. Eberlein
Dermatologist, D-90489 Nürnberg
thomaseberlein@hotmail.com

Introduction:

In the case of wound management, an exact assessment of wound findings and phenomena, interpretation for clinical use in diagnostics and therapeutics is necessary (1-5). Indeed, the precision of formulations is poor and items often are not well-defined. Furthermore the understanding is not given for all people working in wound management. Classification and description of wounds is not enough evidence-based (4,5). The outcomes of this are incorrect documentations, mistakable formulations and absence of diagnostic and therapeutic consequences.

In consequence options for accumulation of valide datas deteriorate. Local phenomena, not exactly described and quantified, are lost for the attainment of scientific knowledge.

Material and Methods:

Established systems for standardised quantified wound assessment and wound classification (e.g. URGE, SETI, TIME framework for wound bed preparation, Wound bed appearance score) are available and established in practice. Most important for practical use is a systematic implementation in local wound care documentation solutions. A practical form means:

- easy to use and easy to understand
- combination of established, precious, well-defined systems with best possible evidence with practice
- comprehensible and memorable for users

Combination of systematically description with photographic documentation is essential for reproduction of practical findings.

Using accurate acronyms can be helpful for acceptance in daily work. In German, such a suitable acronym is UFER, that means "shore".

Wund-	Wound
Umgebung	Surrounding area
Fläche	Area
Exsudation	Exudation
Rand	Edge

Bauernfeind 2002

Fig. 1: UFER system as an example for an akronym in wound description

Results and Discussion:

Additionally to structured, standardised and evidence-based wound management an enclosing verbal description is essential in legal and professional way. Experts are widely agreed in positive estimation of photographic documentation in wound management to advance the comprehension and clearness of documentation topically and in the course of treatment (3-6). Wound description obtains an outstanding part of documentation and demonstrate the user's professionalism.

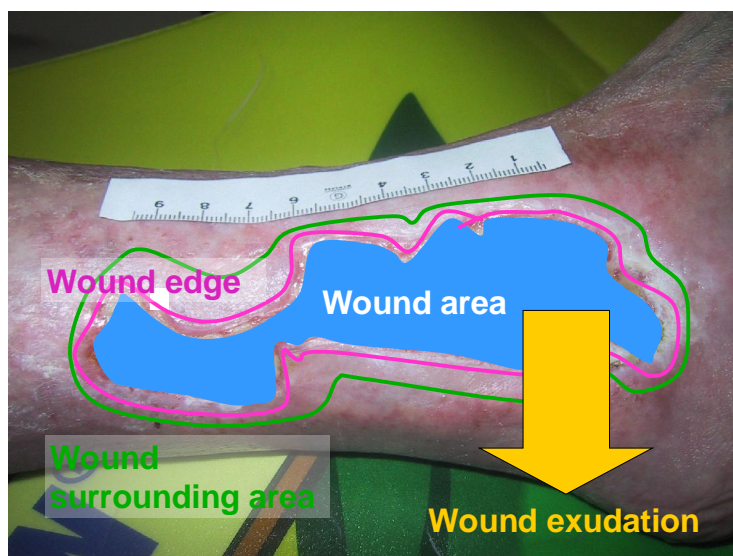


Fig. 2: Domains for wound description in UFER system

Professional assessment and competent verbal description in addition to clinical interpretation of findings and contemplation of diagnostical and/or therapeutical consequences is absolutely necessary and will be any longer an integral part of wound diagnostics.

Due to the fact that a classification with an extensiv "universal" validity gets from bad to worse manageable (2,4), the more complex the classification devolps and the more it gets detailed in individual and particular cases, the more it must result as well a reasonable as a judical and a professional correct documentation, which is based on standard and individual parameters.

In juridical dimension documentation has to be "medically essential, accepted and as may be necessary"(6). The system has to be able to detect relevant symptoms for therapy and should be an instrument for quality controlling and therapeutical decision.

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