

# WOUND DECISION CARD



## FIRST 60 SECONDS

- Stabilize patient first (shock/hemorrhage/pain).
- Analgesia ± sedation/GA.
- Clip widely; protect wound.
- Assess: contamination, viability, depth, dead space, critical structures.

## CLASSIFY (FAST)

Clean | Contaminated |  
Dirty/Infected

## CORE STEPS

1. Explore
2. Debride non-viable tissue
3. Lavage copiously
4. Reassess viability and contamination

## CAN I CLOSE TODAY?

### YES, if:

- Clean/minimally contaminated
- Viable tissue
- Dead space manageable
- Low tension / good perfusion

### NO, if:

- Gross contamination not adequately controlled
- Questionable viability / crush injury
- Uncontrolled dead space
- Established infection
- Unstable patient
- Closure would compromise perfusion
- Bite wounds

## RULE OF THUMB

When in doubt, manage open + reassess in 24–72 hours!

## DEEPEN YOUR APPROACH:

**Wound Classification & Management — 4 lectures**

# BONUS SHEET:

## Wound closure + aftercare



*Companion to the Wound Decision Card*

### CLOSURE TIMING (QUICK GUIDE)

#### Primary closure (today)

- Clean/minimally contaminated
- Viable tissue
- Dead space controlled
- Low tension

#### Delayed primary (≈2–5 days)

- Contaminated wounds after short open management
- Close before robust granulation

#### Secondary closure (≥5 days)

- Healthy granulation present
- Contamination/infection controlled

#### Second intention

- Closure unsafe or high tension
- Infection/contamination persists
- Location/patient factors limit reconstruction

#### DO NOT CLOSE YET — RED FLAGS

- Gross contamination not controlled
- Questionable viability / crush injury
- Uncontrolled dead space
- Established infection
- Unstable patient
- Closure would compromise perfusion
- Bite wounds (fully)

### DRESSINGS BY HEALING STAGE

**Early:** decontaminate + drain + protect  
Granulation: preserve granulation, avoid trauma

**Late:** protect epithelium/maturation

### TOP 5 COMPLICATION TRAPS

- Underestimating dead space
- Closing despite questionable viability
- Insufficient debridement
- Inadequate contamination control
- Excess tension / poor perfusion

### SURGICAL WOUND EARLY WARNINGS

- Increasing pain
  - Heat/swelling
  - Discharge
  - Gapping/tension
  - Systemic signs
- **First response:** reassess + address dead space/seroma risk; consider opening/drainage when indicated.

**DEEPEN YOUR APPROACH +**

**clinical examples:**

**Wound Classification & Management — 4 lectures**