



Place patient identification label or write below:

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

DOB: \_\_\_\_\_

ID Number: \_\_\_\_\_

### Wound Bed Preparation Management Pathway

**Patient details and broad pt history overview**

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@Sibbald et al, 2007, 2010, 2012, 2015, 2021 (Bedside translation by H. Smart)

**Treat The Cause:** factors that need to be controlled

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**Patient Centered Concerns:** factors to be addressed

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**The local wound:** what caused it, how long present and perfusion  
Healable, Maintenance, Non-Healable

**Debridement:** main tissue present and debridement method of choice

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**Infection:** Skin Temp, NERDS, STONEES

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**Moisture Balance:** add fluid or absorb excess exudate

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**Objectives** \_\_\_\_\_  
 \_\_\_\_\_  
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 \_\_\_\_\_  
**Outcomes expected**  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Dressing Choice Rationale**

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**Edge Effect:** Advanced modality indicated Y/N

**Person responsible for assessment**  
 \_\_\_\_\_  
**Signature** \_\_\_\_\_  
**Date** \_\_\_\_\_