

Michigan COMMUNITY INTEGRATED PARAMEDICINE Treatment Protocol

WOUND CARE

Initial Date: December 14, 2020

Revised Date: Section 11-62

This protocol is for trained CIP Paramedics only. If during assessment, procedure, or treatment the patient is found to have a medical emergency in need of hospital treatment, the CIP visit will be suspended, and local MCA protocols utilized.

Purpose: To provide additional guidelines beyond the CIP General Assessment and Care for evaluating, caring for and educating patients with wounds.

Aliases:

- I. Follow CIP Patient General Assessment and Care protocol
- II. Obtain additional vital signs, history, and diagnostics pertinent to condition and/or as ordered by physician which may include:
 - a. Vitals/physical assessment:
 - i. Categorize, stage and measure wound when applicable

Stage	Description
Stage I	Non-blanchable erythema of intact skin
Stage II	Partial thickness skin loss; ulcer extends down to epidermis and/or dermis
Stage III	Full thickness skin loss; ulcer extends down to subcutaneous fat and fascia
Stage IV	Full thickness skin loss with extensive destruction and tis- sue necrosis; ulcer extends down to muscle, bone, ten- don, or joint capsule

- ii. Location and extent of skin changes
- iii. Redness, drainage, weeping, ascending redness, warmth of skin, tract formation
- iv. Presence of pain
- b. History:
 - i. Mechanism and duration of wound
- III. On scene medication administration may include:
 - a. Use of approved MCA protocols and medications up to the extent of standard paramedic treatment according to protocol.
- IV. On-scene interventions may include:
 - a. Suture Removal see CIP Suture Removal protocol (optional)
 - b. Decontamination and cleansing of wound
 - c. Wound closure utilizing wound closure strips
 - d. Wound dressing
- V. On-scene education and suggested support sources may include:
- VI. Counsel/Educate
 - a. ADL precautions
 - b. Self-administered wound care

MCA Name: St.Clair Co. MCA MCA Board Approval Date: 11/15/23 MCA Implementation Date: 03/01/24



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Protocol Source/References: Click here to enter text.