OASIS Alert

Tool: Nail Surgical Wound Healing Status with This Guidance

The **Wound Ostomy and Continence Nurses Society** (WOCN) has the final say on which details must be in place for each surgical wound's healing status. Keep this tool in hand for reference when answering M1342 -- Status of the Most Problematic (Observable) Surgical Wound.

The December 2009 WOCN guidance applies to surgical wounds closed by either primary intention (i.e., approximated incisions) or secondary intention (i.e., open surgical wounds).

Take note: All items must be met in order to classify a wound with a particular healing status.

Know the WOCN Healing Status Definitions for M1342

0 -- Newly epithelialized

- Wound bed completely covered with new epithelium.
- No exudate.
- No avascular tissue (eschar and/or slough).
- No signs or symptoms of infection.

1 -- Fully granulating

- Wound bed filled with granulation tissue to the level of the surrounding skin.
- No dead space.
- No avascular tissue (eschar and/or slough).
- No signs or symptoms of infection.
- Wound edges are open.

2 -- Early/partial granulation

- ≥25 percent of the wound bed is covered with granulation tissue.
- < 25 percent of the wound bed is covered with avascular tissue (eschar and/or slough).
- No signs or symptoms of infection.
- Wound edges open.

3 -- Not healing

- Wound with ≥25% avascular tissue (eschar and/or slough) or Signs/symptoms of infection or
- Clean but non-granulating wound bed or
- Closed/hyperkeratotic wound edges or
- Persistent failure to improve despite appropriate comprehensive wound management.

Take Note of These Documentation Tips

Aside from answering M1342, you should also document complete wound description(s) in the clinical record, advises Northampton, Mass.-based **Fazzi Associates** in the OASIS C Best Practice Manual. Use terms found in the WOCN descriptions of non-healing, early partial, fully granulating, and newly epithelialized wound status to describe the wound. Include location, size, depth, drainage, appearance of wound bed and surrounding skin.

If your patient has multiple surgical wounds that can be seen, clearly document in the response section which wound you

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are identifying, Fazzi advises.

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