OASIS Alert

Wound Healing: Healing by Primary or Secondary Intention? Know These Key Differences

Never answer "fully granulating" for wounds healing by primary intention.

One area of wound reporting that confuses many clinicians is knowing the difference between surgical wounds healing by primary or secondary intention, says **Pat Jump, MA, BSN, RN, COS-C,** with Rice Lake, Wis.-based **Acorn's End Training & Consulting**. These key factors will help you make the distinction:

With surgical wounds healing by **primary intention** the edges of the incision are fully approximated, with no gaps in the incision.

Surgical wounds healing by **primary intention** always heal by epithelialization rather than granulation. Therefore, the only correct choices when answering M1342 Status of most problematic [observable] surgical wound for a wound healing by primary intention is either "3 Not healing" or "0 Newly epithelialized."

Epithelialization may occur between days 3-28 post surgical closure and the wound is considered to be a surgical scar (no longer a surgical wound) 30 days from the date it is assessed as newly epithelialized.

With surgical wounds healing by **secondary intention**, the wound edges are not approximated. The wound is open and the gap in the wound may be minor or may be a large gap such as with a dehisced surgical incision.

Secondary intention wounds heal by granulation. Therefore, the correct answer to M1342 must be either "3 Not healing" or one of the responses containing the word "granulation."

Once a wound that is healing by **secondary intention** is completely closed and has the shiny, pearly tissue the full extent of the wound, you would mark M1342 "0 Newly epithelialized." This is based on the WOCN Guide definition of newly epithelialized:

Wound bed completely covered with new epithelium.

No exudate.

No avascular tissue (eschar and/or slough).

No signs or symptoms of infection.