

# Classification system for wound care

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<b>Vertaald/bijgewerkt:</b>	
<b>Nieuwsbrief:</b>	1993
<b>Pagina:</b>	39
<b>Jaargang:</b>	9
<b>Nummer:</b>	4
<b>Toestemming:</b>	
<b>Illustraties:</b>	
<b>Bijzonderheden:</b>	congresnummer, abstract
<b>Kernwoorden:</b>	classificatiemodel wonddiagnose diagnostiek
<b>Literatuur:</b>	

There can be no dispute that a system, or systems, need to be developed to bring order to the chaos that often pertains to wound care decision making. Too often and for too long individual clinicians - both doctors and nurses - have strongly held beliefs that they know all that is necessary to ensure that adequate decision making was undertaken in caring for patients with wounds. Unfortunately each individual had a personal system that was not structures and not shared by others.

There are a number of systems that have been developed in recent years to overcome this. Unfortunately none are universally accepted and none are truly comprehensive in dealing with all the clinical situations seen in patient with wounds. One of the most popular systems developed is the black, yellow, red classification which, although it is easily understood, may lead the unsuspecting and unquestioning clinician into correct decision making. Whilst no one would disagree with the statement that all that is black in a wound is bad – not all black tissue can be removed by simply using a dressing. Also not all that is yellow in a wound is slough and not all that is red is healthy granulation tissue. Examples of all these situations will be given to explain the limitations of this system.

The author of this paper has developed a more complex system looking at six factors that should influence decision making in wound care. However, even this system has its limitations and it should be recognised by all who intend to use it.

The need for structure and thought in caring for patients with wounds is paramount. The use of a classification system is an important step forward, but care and concern should be exercised in ensuring the system is not seen as being a replacement for a trained clinician weighing up the multitude of factors that might influence the decision making process in determining treatment for an individual patient.

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