

Wound Care: Personal Action Plan

I Can Take Charge

You are in charge of managing your wound care. Intermountain is committed to helping you. This handout will help you create your own action plan and keep track of your progress at home.

My Personal Plan

My goal for my wound is: _____

PARTICIPATE IN MY WOUND CARE

To actively participate in my wound care, I will:

- ☐ Wear compression garments as directed
- ☐ Wear off-loading shoes
- ☐ Identify and protect or eliminate areas that may create friction (rubbing)
- ☐ Turn and move my body in bed every 2 hours to reduce pressure
- ☐ Move my body in my chair or wheelchair every 15 minutes to reduce pressure
- ☐ Walk _____ minutes _____ day(s)
- ☐ Do stationary exercises as directed
- ☐ Wash my hands and encourage others to wash their hands to lower my risk of infection
- ☐ Keep my wound clean
- ☐ Other: _____

DIET TO IMPROVE WOUND HEALING

To replace fluid loss from a draining wound and improve healing, I will:

- ☐ Drink at least 6 to 8 cups of liquid a day — unless my doctor says not to
- ☐ I will eat foods high in protein:
 - Dried beans and lentils
 - Any lean animal protein such as beef, pork, poultry, or fish, as well as nuts, peanut butter, and seeds
 - Cottage cheese, cheese, milk or powdered milk (can be added to foods such as mashed potatoes)
 - Nutrition drinks such as Carnation Instant Breakfast, Boost, Ensure, or protein powder
- ☐ I will eat good sources of carbohydrates:
 - Whole grain breads and cereals, potatoes, rice or pasta
- ☐ I will eat foods high in Vitamin A:
 - Oranges, winter and summer squash, dark green leafy vegetables such as spinach, kale, or broccoli
- ☐ I will eat foods high in Vitamin C:
 - Citrus fruits, strawberries, kiwi, cantaloupe, peppers, tomatoes, potatoes, broccoli and kale

BLOOD GLUCOSE — FOR DIABETICS

To keep track of my blood sugar, I will:

- ☐ My blood glucose goal is _____
- ☐ My average 7-day blood glucose is _____
- ☐ Check my blood glucose _____ times a day
- ☐ Other: _____

QUITTING SMOKING

Quitting smoking is hard. However, smoking decreases blood flow and delays healing. Consider quitting smoking until the wound is healed. To help me quit, I will:

- ☐ Pick an approach to help me quit
- ☐ Identify my support team
- ☐ Set a quit date
- ☐ Other: _____

SYMPTOMS

I will call my health care provider with the following symptoms:

- ☐ Increased pain at the wound site
- ☐ Redness or swelling around or spreading out from the wound site
- ☐ Foul odor coming from the wound after the wound has been cleaned
- ☐ Any change in color or amount of drainage from the wound
- ☐ A fever higher than 102° F (38.8° C) or chills
- ☐ Nausea or vomiting
- ☐ Other: _____

My follow-up appointment

Date/Time: _____

Place: _____

Doctor: _____

Take this action plan with you to your doctor appointment.

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