



The Nova Scotia College of Nursing (NSCN) is the regulatory body for licensed practical nurses (LPNs), registered nurses (RNs) and nurse practitioners (NPs) in Nova Scotia. Our mandate is to protect the public by promoting the provision of safe, competent, ethical and compassionate nursing services by our registrants. The term nurse in this document refers to LPNs, RNs, and NPs unless otherwise stated.

Contents

| | |
|--|---|
| NSCN believes nurses play a vital role in the prevention and management of wounds. | 2 |
| NSCN believes nurses working to their optimal scope of practice will positively contribute to the prevention and management of wounds..... | 2 |
| NSCN believes wound prevention and management starts with the development of the nursing care plan (NCP)..... | 3 |
| NSCN believes collaboration is key in the effective prevention and management of wounds..... | 4 |
| Key Points | 4 |
| Suggested Reading | 4 |

Revised January 2024, January 2022 first published April 2020 as Wound Care Position Statement

Copyright © Nova Scotia College of Nursing, Bedford Nova Scotia. Commercial or for-profit redistribution of this document in part or in whole is prohibited except with the written consent of NSCN. This document may be reproduced in part or in whole for personal or educational use without permission, provided that:

- Due diligence is exercised in ensuring the accuracy of the materials reproduced;
- NSCN is identified as the source; and
- The reproduction is not represented as an official version of the materials reproduced, nor as having been made in affiliation with, or with the endorsement of, NSCN

Our practice support tools are developed using current reference material. The source of this material is available upon request.



This tool examines the NSCN viewpoint on the role of the nurse in the prevention and management of wounds. This tool is intended to increase nurses understanding of their accountabilities in wound care prevention and management related to:

- Scope of practice
- Development and implementation of the nursing plan of care
- Collaboration within the interprofessional team

Like all regulatory tools, use this document in conjunction with employer policy, applicable legislation and the standards of practice and code of ethics for LPNs, RNs and NPs.

NSCN believes nurses play a vital role in the prevention and management of wounds.

Wounds represent a major health concern and cause a considerable amount of suffering for [clients](#) and a high financial burden for health care systems. The prevention and management of wounds, including using evidence informed practices, equipment and clinical decision support tools, is vital for the health of Nova Scotians. Evidence clearly indicates nurses working within the context of an interprofessional team, which includes the client, have the potential to reduce the occurrence of wounds and to positively affect the client's morbidity and mortality related to wounds.

Over the last several years there has been a major focus in Nova Scotia on the prevention and management of wounds. Several initiatives have been implemented, including the development of [provincial policy, programs](#) and resources focused on wound prevention and management. If nurses are unsure of supports available to them in their practice related to wound care prevention and management they are expected to communicate and collaborate with their management team to find out what supports are, or could be, available.

NSCN believes nurses working to their optimal scope of practice will positively contribute to the prevention and management of wounds.

In today's health care context, there is ever increasing client acuity, complex care and new and changing technology. There is a health system expectation that all health care professionals, including nurses, work to their optimal scope of practice. According to the literature, nurses who are supported to work to their optimal scope of practice will positively contribute to the prevention and management of wounds.

Working to optimal scope of practice includes the legislated scope of the professional, the nurse's individual scope and the scope of employment.

The legislated scopes of practice for nurses are outlined in the Nursing Act. The legislated scope of practice for each nursing designation is different. For more information on these differences see [Adding Interventions to a Nurse's Individual Scope of Practice or Role](#) and [Effective Utilization of RNs and LPNs](#). The legislated scope of practice encompasses this legislation, the roles, functions and accountabilities that nurses are educated and authorized to perform.

Unlike the [professional scope of practice](#), a nurse's individual scope of practice can evolve over time when they are required to gain additional [competencies](#) as their [context of practice](#) changes. Entry-to-practice education, practice experience, context of practice, and education, both formal and informal, over the course of a career makes up the [individual scope of practice](#) of any given nurse. It is the expectation of NSCN that nurses ensure they have the required competencies to effectively prevent and manage wounds in relation to their practice context. NSCN expects all nurses to practice to their entry level competencies related to wounds.

The [scope of employment](#) is the description of the nurse's role within the employment setting. It is defined by the employer through job descriptions, policies, guidelines and context specific education. Scope of employment can limit a nurse's ability to optimize their scope of practice. Nurses are encouraged to collaborate with their managers and advocate for change if their scope of employment is limiting their ability to effectively prevent and manage wounds.

NSCN believes wound prevention and management starts with the development of the nursing care plan (NCP).

A [nursing care plan \(NCP\)](#) is an individualized and comprehensive plan guiding the nursing care for a client in a systematic way. When a client has a wound or is at risk of developing a wound, wound prevention and care would be one component of the client's NCP.

All nurses are accountable to comprehensively assess clients, including their risks for the development of wounds. Clinical decision support tools, such as the Braden Scale or the National Pressure Ulcer Advisory Panel Pressure Injury Stages, have proven effective when conducting these assessments. The RN is responsible for developing the plan of care based on the comprehensive assessment in collaboration with the LPN. LPNs are accountable to collaborate with the RN in the development, and implementation of the plan of care.

There may be circumstances when there is no RN immediately available to develop the initial plan of care or when a modification to the plan is required. The LPN may develop a draft of the initial plan of care or modification and collaborate with the RN for review as indicated by employer policy .

Once the NCP is developed and the nursing interventions are identified the plan must be implemented.

Prescribing medication or treatment including dressings that are not over-the-counter is outside of the scope of practice of RNs¹ and LPNs in Nova Scotia. Dressings and treatments which are not over-the-counter require authorization from an [authorized prescriber](#). This includes, but is not limited to, conservative sharp wound debridement, vacuum assisted therapy and compression therapy. This authorization could be a client specific order, a pre-printed order or a care directive. If an RN prescriber is involved the care of the client they may only prescribe for those clients with conditions and in practice settings as identified by their employer.

Many dressings and treatments for wounds are over-the-counter and are supplied by a medical/pharmaceutical supply company or from the stores department of a health care facility, not dispensed from a pharmacy or a pharmacy department. RNs are authorized to recommend and administer over the counter medications, dressings and treatments, when:

- they have the required competencies
- the client has an established medical diagnosis
- there is appropriate employer policy which may include decision support tools

There should be an employer process to ensure that the admitting or attending authorized prescriber is aware of the RNs recommendations and treatments related to over-the-counter wound care treatment. Generally, LPNs are not authorized to recommend over-the-counter medications.

When the LPN is the wound care nurse they are authorized to recommend over-the-counter wound care medications, dressings and treatments. The LPN wound care nurse may develop the wound care component of the nursing care plan autonomously, within defined guidelines. There should be an employer process to ensure that the admitting or attending authorized prescriber is aware of the LPNs recommendations and treatments related to over-the-counter wound care treatment. As with all nursing care plans, the RN has an accountability to integrate the wound care plan into the overall nursing plan of care to ensure the wound care plan aligns with other elements of the client's overall plan of care. The LPN is responsible to manage client wounds and respond to the interventions outlined in the plan. This includes collaborating with the client's physician or NP as appropriate.

All nurses are accountable to document any nursing care provided, including wound care. For more information on documentation, including using electronic devices to communicate pictures of wounds, see our [Documentation Guidelines for Nurses](#).

All nurses are accountable to evaluate the NCP. If your evaluation of the NCP, including the nursing interventions, indicates there is no improvement to a client's wound or it has worsened, you are required to take the necessary action to minimize any potential negative impacts to the client.

¹ RN prescriber (RN-AP) is a registered nurse with an expanded scope of practice which enables them to prescribe medications and devices and order relevant screening or diagnostic tests within their specific area of prescribing competence and practice. RN prescribers have completed additional education and met additional registration requirements.

RNs are authorized and expected to evaluate the plan and adjust the wound prevention and care goals and interventions with the client and the larger interdisciplinary team in any context.

LPNs are authorized to independently adjust the plan when clients are meeting the expected outcomes. If clients are not meeting outcomes, collaboration is then required with the RN in order to make changes to the plan. If the LPN does not have an RN as a collaborator they should collaborate with the physician to make changes to the NCP.

NSCN believes collaboration is key in the effective prevention and management of wounds.

Wound care prevention and management is complex and multifactorial and, as a result, requires an interprofessional team to address and treat wounds and any contributing factors. Each team member will bring their unique scope of practice to the care of the client.

Effective prevention and management of wounds requires all team members to work together, not independent of one another, to create a customized overall plan of care. The NCP is one piece of this overall plan.

Nurses are expected to collaborate with members of the multidisciplinary team when:

- The client's needs exceed the nurse's scope of practice, including prescribing medication or treatment.
- The client is not meeting expected outcomes within expected timeframes, including when the wound has not improved or has worsened.
- The nurse is unsure if the wound care treatment orders are based in current evidence or in the best interest of the client.

Unregulated care providers (UCPs), such as Continuing Care Assistants (CCAs), are often members of the multidisciplinary team, especially in long-term care. The practice of UCPs is not set out in, or regulated by, legislation. UCPs are accountable for their actions, including inactions, to their employer through a scope of employment, rather than a regulatory body.

Nurses are accountable to appropriately assign, supervise and potentially delegate client care, which may include wound care prevention and management, to UCPs. The UCP is accountable to correctly complete tasks assigned to them and to report to the nurse when unable to complete an assignment or when the client's response to an intervention is unexpected or unusual. Nurses are accountable to provide support to the UCP, adjust the assignment as required, respond to concerns and adjust the NCP. Further information on UCPs and nurses can be found in our [Assignment and Delegation Guidelines for Nurses](#).

Key Points

- NSCN believes nurses play a vital role in the prevention and management of wounds.
- NSCN believes nurses working to their optimal scope of practice contribute to the prevention and management of wounds.
- NSCN believes wound prevention and management starts with the development of the nursing care plan (NCP).
- NSCN believes collaboration is key in the effective prevention and management of wounds.

Suggested Reading

- [Adding Interventions to a Nurse's Individual Scope of Practice or Role](#)
- [Assignment and Delegation: Guidelines for Nurses](#)
- [Care Directive Guidelines](#)
- [Care Plan Guidelines](#)
- [Documentation Guidelines for Nurses](#)
- [Effective Utilization of RNs And LPNs](#)
- [Entry-Level Competencies for Registered Nurses](#)
- [Entry-to-Practice Competencies for Licensed Practical Nurses](#)
- [Entry-Level Competencies for Nurse Practitioners](#)
- [Nurses Recommending and Administering Over the Counter Medications or Devices](#)
- [Wound Management Q and A](#)