1. **Pressure Ulcer Identification.**
   The pressure ulcer treatment guideline provides recommendations concerning the evaluation and management of patients with established Stage II, and IV pressure ulcers. A separate guideline (Pressure Ulcers in Adults: Prediction and Prevention. Clinical Practice Guideline, No. 3) describes strategies for identifying high-risk patients, preventing ulcers, and treating Stage I pressure ulcers.

2. **Initial Assessment**
   The initial assessment of patients with pressure ulcers has several dimensions:
   (a) Assessment of the pressure ulcer,
   (b) complete history and physical examination,
   (c) assessment for complications and co morbidities,
   (d) nutritional status assessment,
   (e) pain assessment,
   (f) psychosocial evaluation, and
   (g) assessment of risk for developing additional pressure ulcers.

   An assessment of the pressure ulcer should determine the location, stage, size, and depth of the wound, as well as the presence or absence of sinus straits, undermining, tunneling, exudates, necrotic tissue, Epithelialization, and granulation tissue. The history and physical examination should address concurrent illnesses and conditions that might affect wound healing, including nutritional deficits and neurological, vascular, endocrine, or immunological abnormalities. The psychosocial evaluation should focus on the patient’s cognitive capacities and ability to help develop and adhere to treatment plans. The extent of social support should be assessed, with arrangements made to provide assistance with home care if needed. In addition, the degree of pain produced by the ulcer should be evaluated and appropriate steps taken to minimize any pain or discomfort. *(Readers are referred to the AHCPR-sponsored guideline, Acute Pain Management: Operative or Medical Procedures and Trauma. Clinical Practice Guideline, No. 1.)* Patients judged to be at high risk for additional pressure ulcers should be identified and appropriate precautions, taken. *(Refer to Pressure ulcers in Adults: Prediction and Prevention. Clinical Practice Guideline, No. 3.)*

3. **Education and Development of Treatment Plan**
   After the initial assessment is completed, patients and family caregivers should be provided with information sufficient to enable them to understand the treatment of pressure ulcers and assist in developing a treatment plan. The treatment plan should reflect the patient’s values and explicitly define the goals of therapy. In general, the primary goal is healing of the ulcer, but sometimes the goal of patient comfort may take precedence. An example might be the patient with a terminal medical condition who experiences pain or agitation on turning or during administration of tube feedings (to correct malnutrition); another patient may simply wish to forgo the sort of intensive management that may be required to heal line
apply primarily to patients for whom the goal of therapy is wound healing, the are also applicable, in whole or in part, to patients seeking palliative care.

An effective pressure ulcer treatment plan should have three components:
(a) nutritional assessment and support,
(b) management of tissue loads, and
(c) ulcer care and management of bacterial colonization and infection. These three treatment components are equally important and essential aspects of pressure ulcer management.

4. **Nutritional Assessment and Support.**
Nutritional assessment is essential for identifying individuals whose nutritional status may compromise healing. Assessment also serves as a basis for planning nutritional support.

5. **Management of Tissue Loads**
Management of tissue loads and is a critical component of any pressure ulcer treatment plan.

6. **Ulcer Care**
Care of the pressure ulcer involves debridement, wound cleansing, the application of dressings, and measures to control bacterial colonization and treat infection.

7. **Assessment of Ulcer Healing**
Progress toward healing should be evaluated at least weekly. If signs of ulcer deterioration are observed sooner, steps to reverse them should be taken immediately. If the patient’s general condition deteriorates, the ulcer should be reassessed promptly. Healing should be evaluated using the same criteria discussed under initial assessment, that is, size, depth, and the presence of exudates, Epithelialization, granulation tissue, and findings such as necrotic tissue, sinus tracts, undermining, tunneling, and purulent drainage or other signs of infection. A clean pressure ulcer with adequate innervations and blood supply should show progress toward healing in 2 to 4 weeks.

8. **Monitoring**
Healing ulcers should be assessed regularly to ensure continued progress toward the goal of complete healing. Caregivers should continue to monitor the individual’s general health, nutritional adequacy, psychosocial support, and pain level and should be alert to signs of complications (e.g., advancing cellulites, sinus tract or abscess, meningitis, endocarditic, septic arthritis, osteomyelitis, sepsis). The frequency of monitoring should be determined by the clinician based on the condition of the patient, the condition of the ulcer, the rate of healing, and the type of health care setting.
9. **Reassessment of Treatment Plan and Evaluation of Adherence**
   If the ulcer is not healing, the clinician must reassess the treatment plan and determine whether it is being followed. If necessary, the plan and strategies for its implementation should be revised. In particular, the clinician should assess whether tissue load management is adequate and should evaluate the extent of adherence to cleansing, dressing, and nutritional support interventions. Necrotic tissue or underlying abscesses should be suspected if the ulcer is not healing, and if found, removed or drained. Evaluation and treatment of pressure ulcer infection and underlying osteomyelitis should also be undertaken.