

# Wound Care — Personal Action Plan

## I Can Take Charge

You are in charge of managing your wound care. Intermountain Homecare & Hospice is committed to help you. Below are tools to help you develop your own action plan and keep track of your progress at home.



## My Personal Plan

I would like to work on the following areas to manage my wound:

- Taking my **medications** as ordered by my doctor
- Exercising and staying **active**
- Protecting my wound** from trauma, injury, and germs
- Eating well** and managing my diet
- Managing my **blood glucose** if I have diabetes
- Managing my **pain**
- Not smoking** or using tobacco products
- Watching for **symptoms** and taking action right away when they occur
- Making and keeping **doctor appointments**

### MEDICATION

**Daily Multivitamin**  
*if directed by your physician*

I take: \_\_\_\_\_

I will remember to take this medicine by:  
\_\_\_\_\_

I will watch for these side effects:  
nausea • unpleasant taste in mouth • headaches

### ACTIVITY

To increase activity, I will:	Week 1	Week 2	Week 3	Week 4
While in bed, take weight off the affected area at least every 2 hours				
When in a chair or wheelchair, change my position every 15 minutes				
Walk _____ minutes _____ day				
Do stationary exercises				
Do exercises prescribed by the physical therapist				
Other:				

\*Possible problems for meeting my goal are:

\*Things that will help me meet my goal are:

## PROTECTING MY WOUND

To protect my wound, I will:	Week 1	Week 2	Week 3	Week 4
Wear compression stockings				
Wear off-loading shoes				
Identify and protect or eliminate areas that may create friction				
Wash my hands and encourage others to wash their hands				
Keep my wound clean				
Other:				

\*Possible problems for meeting my goal are:

\*Things that will help me meet my goal are:

## EATING WELL *(See page 4 in the Wound Care — Home instructions)*

To replace fluid loss from a draining wound, I will:	Week 1	Week 2	Week 3	Week 4
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Drink at least 6–8 cups of liquid a day — unless my doctor says not to				
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I will eat foods high in protein:	Week 1	Week 2	Week 3	Week 4
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Dried beans and lentils				
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Any lean animal protein such as beef, pork, poultry, or fish				
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Nuts, peanut butter, and seeds				
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Cottage cheese or cheese				
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Milk or powdered milk (can be added to foods such as mashed potatoes)				
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Nutrition drinks such as Carnation Instant Breakfast, Boost, or Ensure				
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I will eat good sources of carbohydrates:	Week 1	Week 2	Week 3	Week 4
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Whole grain breads and cereals				
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Potatoes, rice or pasta				
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I will eat foods high in Vitamin A:	Week 1	Week 2	Week 3	Week 4
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Oranges				
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Winter and Summer squash				
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Dark green leafy vegetables such as spinach, kale, or broccoli				
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I will eat foods high in Vitamin C:	Week 1	Week 2	Week 3	Week 4
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Citrus fruits				
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Peppers				
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Tomatoes				
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Strawberries				
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Cantaloupe				
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<b>I will eat at least 3 servings a day of dairy products:</b>	Week 1	Week 2	Week 3	Week 4
Milk				
Yogurt				
Soy Milk				

<b>I will eat healthy snacks:</b>	Week 1	Week 2	Week 3	Week 4
Cottage cheese and fruit				
Cheese and crackers				
Mixed nuts or trail mix				
Half a sandwich and a small piece of fruit				
Peanut butter and sliced apples				
Granola bars and fresh fruit				

\*Possible problems for meeting my goal are:

\*Things that will help me meet my goal are:

## **BLOOD GLUCOSE — FOR DIABETICS** *(see Diabetes Care Card)*

<b>To keep track of my blood sugar, I will:</b>	Week 1	Week 2	Week 3	Week 4
My blood glucose goal is _____				
My average 7 day blood glucose is _____				
Check my blood glucose _____ times a day				
Take my medicine if my blood sugar is higher than _____				
Eat or drink something sugary (15 grams of carbohydrate) if my blood glucose is lower than 70 _____				
Call my doctor or get emergency car if my blood sugars are not managed				

\*Possible problems for meeting my goal are:

\*Things that will help me meet my goal are:

## **PAIN**

<b>To manage my pain, I will:</b>	Week 1	Week 2	Week 3	Week 4
Elevate my affected limb				
Take my pain medication as prescribed				
Consider distractions such as music, reading, puzzles, TV				
Change my position every _____ minutes when I am awake				

\*Possible problems for meeting my goal are:

\*Things that will help me meet my goal are:

**NOT SMOKING** (See *Quitting Tobacco Your Journey to Freedom*)

Quitting smoking is difficult. However, smoking decreases blood flow and delays healing. Consider quitting smoking until the wound is healed.

Week 1    Week 2    Week 3    Week 4

Pick an approach to help me quit

Identify my support team

Set a quit date

Other:

\*Possible problems for meeting my goal are:

\*Things that will help me meet my goal are:

**SYMPTOMS** (see page 3 of *Wound Care — Home instructions*)

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

Week 1    Week 2    Week 3    Week 4

Increased pain at the wound site

Redness or swelling around or spreading out from the wound site

Warmth in the wound site or the area surrounding it

Foul odor coming from the wound after the wound has been cleansed

Any change in color or amount of drainage from the wound

Fever greater than 102 degrees or chills

Nausea or vomiting

\*Possible problems for meeting my goal are:

\*Things that will help me meet my goal are:

My next doctor appointment is: \_\_\_\_\_  
 \_\_\_\_\_

*Take this action plan with you to your doctor appointment.*



Content created and approved by Intermountain Homecare & Hospice