

# Best Practice Recommendations For Skin Health and Wound Management 2025

## CHAPTER 1



## Introduction

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# INTRODUCTION

According to Sackett et al.<sup>1,2</sup> best practice is “the conscientious, explicit and judicious use of current best evidence in making decisions about the care of the individual patient”. The WHO defines best practice as, “knowledge about what works in specific situations and contexts, without using inordinate resources to achieve the desired results”.<sup>3</sup>

Best practice can also be thought of as an accepted procedure, technique, intervention or method that research has shown will produce positive patient outcomes. But it is not just based on evidence alone.<sup>4</sup> The reality is that the ability to deliver best practice is determined by multiple factors, including patient needs and preferences, the patient’s support system, the health system, the health-care providers within the system, available resources and more; hence the WHO’s reference to “specific situations and contexts”.

While the definitions may vary, a common understanding might be that clinical best practice results from applying the best available evidence to better integrate science and practice, considering risks, resources and patient values.<sup>1,2</sup>

## **Guidelines versus Recommendations**

Both guidelines and recommendations are aimed at enhancing clinician decision making to improve patient care and outcomes. Both are based on rigorous evidence reviews and panel consensus. Guideline development has a strong emphasis on the quality of the evidence. And while the recommendations contained in this document do as well (see below), their development relied on guidelines and other sources where the levels of evidence had already been established. Thus, the recommendations are intended to use the same information as guidelines of the highest standard but present the statements in a context that makes them more clinically applicable. They are appropriate for end users at different levels of expertise and experience, they work with multiple populations and they can be applied in a variety of care settings.

## **Supporting Patients through a Population Health Model**

In alignment with the current global health-care perspective, Wounds Canada is committed to providing support to patients to help them adapt to and self-manage their condition in the face of social, physical and emotional challenges. It is a care model based on the premise that cultural sensitivity in care delivery and self-management is an essential element of high-quality health care. This includes the beliefs, values, traditions and biases on the part of health systems, care providers, patients, families and communities, as all can influence care and outcomes. The recommendations in this document reflect this approach. They emphasize screening, holistic assessments and early interventions to prevent skin breakdown and/or recognize it sooner, as well as sustainable care and self-management strategies to support the mandate of a population health model.

The recommendations also support the Quintuple Aim framework in which the patient experience is enhanced, costs are reduced, population health is improved, the care team experience is improved and equity in health care is available to all. The equity piece is particularly important for patients living with skin issues and wounds.<sup>5</sup> The voices of patients and their care partners have been incorporated in all the chapters, as part of the writing, reviewing, editing and graphic design teams. We thank them for their insights and wisdom.

## Terminology

Wounds Canada employs Canadian spelling, referencing the *Oxford Canadian Dictionary of Current English*, and follows APA Style for medical journals. Original names/titles of institutions, programs, etc., using alternate spellings have not been changed. Vancouver Style is utilized exclusively for all referencing and citations.

Wounds Canada is committed to prioritizing the use of inclusive, non-stigmatizing language in published manuscripts. Inclusive language acknowledges diversity, conveys respect to all people, is sensitive to differences and promotes equity. Our intent is to use inclusive and respectful language without bias against any person and to avoid language that negatively or unfairly portrays or describes any person based on factors such as age, gender, race, ethnicity, culture, sexual orientation, disability, neurodiversity, status, class or health condition. Wounds Canada strives to respect gender identity and encourages the use of gender-inclusive terms whenever appropriate.

Individuals who fall into a specific, defined group are generally referred to as *persons* or *individuals with a condition* (e.g., persons with diabetes as opposed to diabetics). However, for purposes of clarity and consistency, and in keeping with accepted journal style, an individual known to be receiving care from a medical practitioner or health-care provider will generally be referred to as a *patient* when discussed within this context. This is, in no way, intended as a reflection on, or judgement of, the individual, but is simply an indication of status within the health-care system at a given point in time. Please note that specific terminology referring to *patient(s)* and/or *person(s)* contained in charts, tables, graphics or similar material reproduced from a third-party source is presented verbatim and has not been altered.

All references to products will use generic terms to avoid product bias.

## About this Document

This first chapter gives some background on the history of the project and the methodology used to arrive at the recommendations.

Chapter 2 provides guidance on how to implement the recommendations into practice.

Chapter 3 is an overview of the structures and physiology of skin and the process of skin healing.

Chapter 4 is the foundational chapter for all that follow. It gives readers general recommendations that can apply to all wound types. It should be read before any of the specific wound chapters.

Chapters 5–13 provide the reader with information for specific wound types.

Chapters 4–13 are presented using the Wound Prevention and Management Cycle to guide frontline clinicians and health decision makers through a step-by-step process that addresses the assessments, interventions and outcomes related to factors that may interfere with skin health or affect wound healing.

## History of Wounds Canada's Best Practice Recommendations

*Wounds Canada Best Practice Recommendation Update 2024* builds on the work of previous authors and editorial teams over the past 24 years.

This initiative began in 2000, when *Ostomy/Wound Management (OWM)* published four articles written by experts from Wounds Canada (at that time known as the Canadian Association of Wound Care). These were: Preparing the wound bed—debridement, bacterial balance, and moisture balance;<sup>6</sup> Best practices for the prevention and treatment of pressure ulcers;<sup>7</sup> Best practices for the prevention, diagnosis, and treatment of diabetic foot ulcers<sup>8</sup> and, the following year, Best practices for the prevention and treatment of venous leg ulcers.<sup>9</sup>

Led by the efforts of Dr. David Keast, Heather Orsted, Sue Rosenthal and Robert Ketchen, and with the publishing rights graciously transferred to Wounds Canada by *Ostomy/Wound Management*, these four articles were updated in 2006 and published in what came to be known as “the silver book”, a special issue of *Wound Care Canada* that contained the four articles in both English and French. They were updated once more beginning in 2017 and published on the Wounds Canada website. More chapters, new topics, updated information and additional authors were added over the years.

Twenty-four years later and with the contribution of a total of 112 expert authors, along with various research, editorial and production team members, who have been involved in the development and updating of these seminal documents over the years, we have the document you see now. This latest version emphasizes that clinicians must recognize and act on the full range of risks and risk-specific—and early—interventions required to support positive patient outcomes. A stronger focus on self-management and sustainability acknowledges the role the patient plays in skin health and the wound prevention, healing and/or palliation process when not under direct care.

## Methodology

In this new edition, the editors present best practice recommendations that draw upon the highest-level evidence available and suggested application. The recommendations constitute a synthesis of relevant guidelines that utilize the agreed-upon method (see below), with a strong clinical application process. By leveraging evidence-based guidelines and principles of application, we aim to promote effective and informed decision-making in health-care settings.<sup>10</sup> This methodology used a systematic process for developing clinical best practice recommendations, ensuring they are grounded in clinical expertise and robust evidence.<sup>10</sup> These recommendations have been developed by carefully selected experts with direct experience in each specific topic and have been reviewed by experts in the clinical and knowledge translation fields. Updates will occur on a regular schedule or when it is determined that significant changes are needed due to new research or treatment approaches.<sup>11</sup>

## Steps Used to Arrive at the Recommendations

**1. Identify the Clinical Topic:** The number of topics grew over the years to meet the needs of Canadian health-care providers working in the areas of skin health and wound management. From the original four, the number of chapters relating to specific clinical topics in this edition has grown to 10. Lymphedema is a new chapter in its entirety, and the Nutrition and Wound Healing Appendix of [Chapter 4: Best Practice Recommendations for the Prevention and Management of Wounds: An Overview](#) is an essential addition.

**2. Utilize an Expert Panel of Authors:** The editors assembled a national integrated expert panel consisting of health-care professionals, caregivers and patients from across Canada with expertise and experience related to each clinical topic. It was essential to include a diversity of the authors in terms of clinical settings, geographical locations and professional/lay backgrounds to capture a necessarily broad perspective.

**3. Review the Literature:** Each author group conducted a review of national and international guidelines chosen on the clinical topic known to them and supplied by the editors and librarian. They gathered and evaluated relevant research studies, systematic reviews, meta-analyses and clinical practice guidelines, knowledge, evidence gaps and areas where best practices are warranted.

**4. Define Key Questions:** The authors were encouraged to collaboratively develop a set of key clinical questions that the best practices would address. The brief was that these questions be focused, specific and relevant to the clinical topic under consideration and serve as a guide for the subsequent application steps of the methodology, with the goal of integrating the recommendations into the five-step format of the Wound Prevention and Management Cycle.

**5. Evaluate the Evidence:** The authors conducted a thorough search of relevant research studies, systematic reviews and meta-analyses, evaluated the quality of the guidelines’ evidence and identified knowledge gaps using a validated grading system.



**6. Develop Best Practice Statements:** Based on the evidence evaluation and consensus reached, the authors drafted clear and actionable best practice statements for each key question. They were encouraged to consider using a standardized format, such as PICO (Population, Intervention, Comparison, Outcome), to structure the statements. Statements were integrated into the Wound Prevention and Management Cycle, to move the clinician/reader from assessment strategies to evaluation/reassessment, allowing for a holistic approach to care.

Consensus on the changes was achieved using a modified Delphi method, with all the authors' input compiled in a format to create the updated draft version of the best practice recommendations (BPRs). It was then reviewed by the authors and re-reviewed until consensus was achieved.

It was essential that the author groups were able to collaborate, discuss and deliberate online to reach a consensus on each of the best practice recommendations. This online asynchronous interaction allowed for team members to work on the online document at their convenience and see other team members' changes in real time. This input incorporated their clinical and personal expertise, perspectives and judgment into the decision-making process. Open dialogue, critical appraisal of the evidence and the consideration of potential benefits, harms and resource implications were encouraged.<sup>11-13</sup>

**7. Implement External Review:** Once the statements were developed and placed into the chapters with appropriate explanation and additional information and graphic elements, external review from additional experts, patients and care partners (e.g., caregivers in the field) was undertaken to validate the recommendations and ensure their accuracy, clarity and applicability. Feedback was incorporated to refine and improve the recommendations. More than 60 reviewers were involved in this thorough process for the current BPRs. Once these steps had been completed, each chapter went through an additional editing process for clarity, coherence, consistency and readability.

For a more detailed explanation of the methodology used, please see: Kuhnke JL, Burrows C, Evans R, Botros M, Hoover J, Corks I. Best practice recommendations updates 2024: methodology for developing foundations of best practice for skin and wound management. *Wound Care Canada*. 2023;21(2): 62-65. DOI: [10.56885/WXVG8173](https://doi.org/10.56885/WXVG8173)

## Distribution and Updates

To ensure these recommendations are widely disseminated, Wounds Canada has made them available for free through its website: [woundscanada.ca](https://woundscanada.ca). This strategy ensures they are easily accessible to health-care professionals, patients and care-partners, supporting partner societies and decision makers at every level, including governments.

But reading the information won't necessarily translate into change activities on the ground. Chapter 2 provides readers with insights into how to apply the information into their practice (as clinicians), lives (as patients) or decision making (as administrators, health leaders or government officials).

Clinical best practices are dynamic and subject to evolving evidence. Wounds Canada has established a process for regular review based on a three-to-five-year cycle and will update specific recommendations if and when significant changes are needed to ensure their continued relevance and alignment with the latest research findings. They will regularly monitor emerging evidence, feedback from users and changes in clinical practice to inform future revisions of the best practice recommendations.

With the help of the best practice recommendations contained in the document, we can all work together to support skin health and excellence in wound prevention management for all Canadians.

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