Reference (include title, author, journal title, year of publication, volume and issue, pages)	Evidence level (I-VII)	Key findings, outcomes or recommendations
Ayello, Elizabeth A. (2006) New Evidence for an Enduring Wound-Healing Concept: Moisture Control: Journal of Wound, Ostomy and Continence Nursing: November-December 2006 - Volume 33 - Issue - p S1–S2	VII	Wound bed preparation and TIME provide a logical approach to wound care, modern wound care concepts have been in existence for many centuries, ideal dressings are discussed.
Carville, K. (2017) Wound care Manual- 7th Edition. Osborne Park, Western Australia: Silver Chain Foundation.	IV	The Wound Care Manual promotes a collaborative approach to the assessment and management of people with wounds and provides information on: Anatomy and physiology of the skin, Factors affecting wound healing, General wound assessment and management, Specific advice on the management of burns, skin tears, leg ulcers, neuropathic feet, cancerous wounds, draining wounds, peristomal wounds and pressure injuries, Technical advice on drains and percutaneous tubes, bandages and surgical stockings. Also Wound cleansing agents and all types of dressings
Standards for Wound Prevention and Management. 3rd edition (2016). Cambridge Media: Osborne Park, WA	IV	Provide a framework for promoting best practice in wound prevention and management as they reflect current evidence. The Standards are a valuable tool for guiding clinical practice and the development of policies, procedures and education programs.
Benbow, M., Wound care: ensuring a holistic and collaborative assessment. British Journal of Community Nursing, 2011: p. S6-16	VII	Wound Care interventions should be based on initial assessment and include accurate and clear documentation to support correct ongoing wound care and patient management. It is vital that the underlying and contributing patient factors to both wound development and healing, delayed healing or non-healing are considered throughout the process. Evaluation of interventions must be regular and consistent.

Australasian College for Infection Prevention and Control, Aseptic Technique Policy and Practice Guidelines. 2015, ACIPC	II-IV	Provide a framework for promoting best practice in aseptic technique as they reflect current evidence and Australian guidleines.
S. Guo & L.A. DiPietro Factors Affecting Wound Healing J Dent Res. 2010 Mar; 89(3): 219–229.https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2903966/ Australian Wound Management Association Inc. (August 2011). Bacterial impact on wound healing: From contamination to infection. Position Paper, Version 2.	VII	Multiple factors can cause impaired wound healing by affecting one or more phases of the process and are categorized into local and systemic factors. The influences of these factors are not mutually exclusive. Single or multiple factors may play a role in any one or more individual phases, contributing to the overall outcome of the healing process.
Kanji S1, Das H2.Advances of Stem Cell Therapeutics in Cutaneous Wound Healing and Regeneration Mediators Inflamm. 2017;2017:5217967. doi: 10.1155/2017/5217967. Epub 2017 Oct 29.	V	Cutaneous wound healing is a complex multiple phase process, which overlaps each other, where several growth factors, cytokines, chemokines, and various cells interact in a well-orchestrated manner. However, an imbalance in any of these phases and factors may lead to disruption in harmony of normal wound healing process.
Jones RE, Foster DS, Longaker MT. Management of Chronic Wounds- 2018. JAMA. 2018;320(14):1481–1482. Doi:10.1001/jama.2018.12426 https://jamanetwork.com/journals/jama/fullarticle/2703959	VII	Effective care for chronic wounds requires a multimodal approach, including wound bed optimization, management of chronic medical conditions, and consistent follow-up. Dressing selection can generally be based on wound assessment, physician and patient familiarity with the products, availability, and affordability.
Siddiqui AR, Bernstein JM. Chronic wound infection: Facts and controversies Clinics in Dermatology Volume 28, Issue 5, September–October 2010, Pages 519-526 https://www.sciencedirect.com/science/article/pii/S0738081X10000337	V	Most chronic wounds are invariably colonized, and therefore, superficial swabs cultures should be avoided. A properly obtained swab culture may be helpful in routine clinical practice. In chronic wound infection, systemic antibiotics should only be used for the treatment of sepsis, osteomyelitis, cellulitis, lymphangitis, abscess formation, or in the presence of other signs of invasive tissue infection.