WCC

Mnemonic Vault

Fast-Track Memory Guide for Wound Care Clinicians

This bonus booklet gives you high-yield mnemonics and clinical patterns to recall core wound-care concepts in seconds on exam day. Use it alongside your main study guide to reinforce staging, dressings, infection clues, perfusion, and documentation—without memorizing endless pages of notes.

MedCore
PUBLISHING

1. Wound Etiologies – Recognize the Pattern Fast

Mnemonic: "AVE / VIP / FOOT"

Arterial – "AVE"

- **A = At-rest pain** – pain even at rest, often worse at night
- **V = Very painful with elevation** – leg elevation increases pain
- **E = Extremity cold, pale, hairless** – thin, shiny, cool skin with hair loss

Clinical example:
An older adult describes severe rest pain in the calf, worse when the leg is elevated, with a small, punched-out ulcer on a pale, cool foot → think **arterial – AVE**.

Venous – "VIP"

- **V = Volume (leg edema, "full" limb)** – pitting edema, heaviness
- **I = Irregular, shallow ulcers around malleoli** – common around medial ankle
- **P = Pigmentation (brown, hemosiderin)** – rusty-brown staining

Clinical example:
A patient with long-standing leg swelling, brown discoloration around the ankle, and a shallow, irregular ulcer near the medial malleolus → think **venous – VIP**.

Diabetic – "FOOT"

- **F = Foot deformity** – Charcot changes, hammer toes, prominent met heads
- **O = Over pressure areas** – plantar surface, met heads, heel
- **O = Often surrounded by callus** – hard rim of callus around ulcer
- **T = Trauma not felt** – neuropathy, no pain or delayed awareness

Clinical example:
A person with diabetes and neuropathy presents with a painless plantar ulcer under the first met head, surrounded by thick callus → think **diabetic – FOOT**.

2. Tissue Types – From Best to Worst for Healing

Mnemonic: "GESE" – Granulation, Epithelium, Slough, Eschar

- **G = Granulation** – beefy red, moist, pebbled tissue; indicates active healing
- **E = Epithelium** – thin, pink, shiny new surface closing over the wound
- **S = Slough** – yellow/green, stringy or mucous; usually non-viable
- **E = Eschar** – black or brown, hard or leathery; necrotic barrier

Clinical example:
A follow-up visit shows more beefy red granulation tissue and less slough compared with last week → **GESE** tells you this is improvement.

3. Infection and Biofilm – Local vs Deeper/Systemic

Mnemonic for superficial/local issues: "NERDS"

- **N = Non-healing** – stalled wound despite appropriate care
- **E = Exudate increased** – more drainage than expected
- **R = Red, friable tissue** – bleeds easily, "angry" granulation
- **D = Debris or slough** – recurrent slough or biofilm layer
- **S = Smell (odor)** – new or worsening odor

Local infection or critical colonization often responds to debridement, topical antimicrobials, and dressing changes.

Clinical example:
A venous ulcer is not closing, with more exudate, friable red tissue, and new odor but no fever → **NERDS** suggests local infection management.

Mnemonic for deeper/systemic risk: "STONES"

- **S = Size bigger** – wound enlarging or deeper
- **T = Temperature increase** – local warmth or systemic fever
- **O = Os (bone) exposed or probe-to-bone** – osteomyelitis concern
- **N = New areas of breakdown** – satellite lesions or spread
- **E = Edema, erythema spreading** – cellulitis around the wound
- **S = Systemic signs** – chills, malaise, elevated WBC

These suggest deeper or systemic infection that may require systemic antibiotics and further workup.

Clinical example:
A foot ulcer is larger, surrounded by spreading erythema and warmth, with low-grade fever and bone palpable on probing → **STONES** points toward systemic escalation.

4. Dressing Selection – Moisture and Depth First

Rule-of-thumb mnemonic: "DRY → WET, WET → DRY(ER)"

- **DRY wound → add moisture** – hydrogels, moistened gauze, moisture-retentive dressings
- **WET wound → absorb** – foams, alginates, super-absorbents

Then refine using:

Mnemonic: "MAD – Moisture, Amount, Depth"

- **M = Moisture level** – dry, low, moderate, high
- **A = Amount of exudate** – none, scant, moderate, heavy
- **D = Depth** – superficial vs deep cavity, presence of undermining/tunneling

Clinical example:
Deep cavity ulcer with heavy exudate → **DRY/WET** + **MAD** leads you to an absorbent packing dressing such as an alginate with a secondary cover, not a dry gauze only.

5. Perfusion and Compression Safety – ABI Thresholds

Mnemonic: "Eight is GREAT, Half is HALF-OFF, Below Half = NO GO"

- **> 0.8 – "Eight is GREAT"**
  Standard compression is typically safe for venous disease (if no other contraindications).
- **0.5–0.8 – "Half is HALF-OFF"**
  Use modified or reduced compression; plan vascular referral and close monitoring.
- **< 0.5 – "Below Half = NO GO"**
  Avoid compression; think severe ischemia and urgent vascular evaluation.

Clinical example:
A patient with venous ulcers and ABI 0.65: **Half is HALF-OFF** → reduced compression and vascular consult, not full high-compression wrap.

6. Pressure Injury Staging – Deepest Visible Tissue

Mnemonic: "Red → Skin → Fat → Bone"

- **Stage 1 – Red**
  Intact skin with non-blanchable erythema.
- **Stage 2 – Skin**
  Partial-thickness loss of dermis; shallow open ulcer or blister.
- **Stage 3 – Fat**
  Full-thickness tissue loss; fat visible but no exposed bone/tendon/muscle.
- **Stage 4 – Bone**
  Full-thickness tissue loss with exposed bone, tendon, or muscle.

Key reminders:

- **Unstageable**: base covered by slough/eschar, depth not visible.
- **Deep Tissue Pressure Injury**: persistent, dark maroon/purple discoloration or blood-filled blister over a bony prominence.

Clinical example:
You see an ulcer over the sacrum with visible yellow fat but no bone or tendon → **Red → Skin → Fat → Bone** → this is **Stage 3**.

7. Braden Scale – Remember All Six Subscales

Mnemonic: "SAM M.N.F."

- **S = Sensory perception**
- **A = Activity**
- **M = Mobility**
- **M = Moisture**
- **N = Nutrition**
- **F = Friction and shear**

Clinical example:
A question lists sensory perception, activity, nutrition, and friction/shear, then asks which factor is missing → run through **SAM M.N.F.** and identify mobility and/or moisture.

8. Debridement Options – Main Categories

Mnemonic: "SAEN – Sharp, Autolytic, Enzymatic, Non-selective"

- **S = Sharp** – conservative sharp debridement or surgical debridement
- **A = Autolytic** – using the body's own enzymes via moisture-retentive dressings
- **E = Enzymatic** – topical agents such as collagenase
- **N = Non-selective** – mechanical methods (e.g., traditional wet-to-dry), generally less favored in modern practice

Clinical example:
A medically fragile patient with moderate necrotic tissue and good moisture balance but significant pain with procedures → **SAEN** guides you toward autolytic or enzymatic rather than aggressive sharp debridement.

9. Documentation Essentials – What Every Strong Note Includes

Mnemonic: "L-S-T-D-P-P-P"

- **L = Location** – precise anatomical site (e.g., left lateral malleolus)
- **S = Size** – length × width × depth, plus tunneling/undermining if present
- **T = Tissue type** – percentage of granulation, slough, eschar
- **D = Drainage** – amount, type, color, odor
- **P = Periwound condition** – maceration, erythema, induration, edema
- **P = Pain** – patient-reported score and response to treatment
- **P = Plan** – dressing regimen, frequency, debridement, referrals, follow-up

Clinical example:
On a Medicare-oriented question asking which documentation best supports skilled care, pick the note that covers most of **L-S-T-D-P-P-P**, not the short "wound looks better" statement.

10. HIPAA and Wound Photos – Quick Compliance Check

Mnemonic: "C-D-S – Consent, Device, Storage"

- **C = Consent**
  Written, informed consent for photography when required by policy or when images may be used beyond routine care.
- **D = Device**
  Only facility-approved, secure, encrypted devices or applications; never personal phones or non-approved cameras.
- **S = Storage**
  Images stored only in the EMR or other HIPAA-compliant system; no unencrypted email, messaging apps, or personal cloud storage.

Clinical example:
A staff member wants to use their personal phone to "quickly snap a photo" of a wound and text it to a provider → **C-D-S** makes it clear this is not acceptable practice.

How to Get the Most Out of This Vault

Do not try to memorize every mnemonic at once. Instead:

- Highlight the 5–7 mnemonics you actually use most (staging, dressings, perfusion, infection).
- Say them out loud while you do practice questions, so your brain links the pattern to real cases.
- Review this vault the night before the exam only as a quick refresher, not to cram.

Create Your Own Mnemonics

The best memory aids are the ones you design yourself.
Use the space below to write 3–5 personal mnemonics for tricky topics (ICD-10 codes, documentation phrases, facility-specific protocols). If it makes you smile or feels a bit silly, you will remember it on exam day.