“ The ACTIVATE Framework: A Structured, Evidence-Based Approach to Wound Management”

Breanda Mulzac, DNP, RN, CWS

INTRODUCTION

Effective management of chronic wounds demands a systematic approach that recognizes both systemic contributors and local factors impairing tissue repair. Variability in assessment and inconsistent clinical decision-making often lead to delays in treatment progression, prolonged healing times, and preventable complications.

The ACTIVATE framework was developed to provide a clear, stepwise structure for clinicians, ensuring thorough evaluation, timely intervention, and appropriate escalation to advanced or specialty care when necessary. It serves as a practical guide that promotes consistency, enhances bedside clinical reasoning, and supports evidence-based wound management.

METHODS

The ACTIVATE framework organizes wound management into eight functional domains: Assess, Classify, Treat the Cause, Inflammation, Vascular Screening, Advanced Modalities/Apply Dressing, Teach, and Evaluate/Escalate. Clinicians begin with a full clinical assessment that incorporates patient level risk factors and wound-level findings, followed by accurate wound classification to guide subsequent decisions. Systemic and local impediments to healing are identified and addressed early in the process. The model places particular emphasis on recognizing inflammatory and infectious burden, performing appropriate vascular evaluation, and introducing cellular and tissue-based products when clinically justified. Dressing selection and patient education are individualized to the wound’s presentation and the care environment, ensuring that interventions remain aligned with best practice across the continuum of care.

ACTIVATE FRAMEWORK

A	C	T	I	V	A	T	E
Assess	Classify	Treat the Cause	Inflammation	Vascular Screening	Advance Modalities / Apply Dressing	Teach	Evaluate/ Escalate

VENOUS ULCER - ACTIVATE IN PRACTICE

1. A - Assess
- Gaiter region ulcer, irregular margins
- Moderate–heavy exudate
- Edema, hemosiderin staining
- Measure L × W × D
- Pain often improves with elevation
- Review DVT/CHF, mobility, meds

2. C - Classify
- Confirm venous etiology
- Differentiate arterial/mixed disease
- Document chronicity

3. T - Treat the Cause
- Compression (if perfusion is adequate)
- Leg elevation
- Calf pump activation/ambulation
- Address edema + systemic contributors

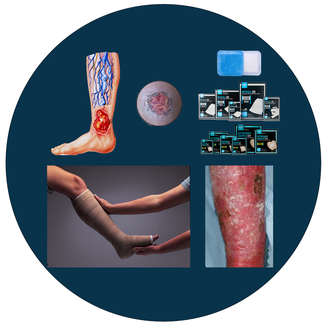
4. I - Inflammation
- Distinguish inflammation vs. infection
- Monitor spreading erythema/ increasing pain
- Topical antimicrobials as indicated
- Systemic antibiotics for cellulitis

5. V - Vascular Screening
- Palpate pulses
- ABI before compression
- Consider venous duplex if stalled

6. A - Advanced Modalities/ Apply Dressing
- Absorptive dressing + periwound protection
- Multilayer compression system
- If <40% reduction at 4 weeks -> consider CTPs / specialty referral

7. T - Teach
- Compression adherence
- Elevation + walking
- Infection warning signs

8. E - Evaluate / Escalate
- Weekly measurements + photo documentation
- Expect measurable improvement by 4 weeks
- Escalate: reassess ABI/duplex, refer vascular/ wound specialist if stalled or worsening



RESULTS

Early use of the ACTIVATE framework suggests that it may help bring greater consistency to wound assessment, care planning, and documentation. The structured sequence appears to support more reliable identification of modifiable barriers to healing and provides clearer cues for when vascular studies, advanced modalities, or specialty referrals should be considered.
While formal outcome data are pending, the framework shows promise in guiding clinicians toward safer, more accurate, and evidence-aligned decision-making across various care settings.

DISCUSSION

The ACTIVATE framework provides a practical structure for delivering coordinated, evidence-based wound care while accommodating the complexity of individual patient presentations. By reinforcing accurate classification, early intervention, and timely escalation to higher-level services, the approach has the potential to improve healing trajectories and reduce avoidable delays in chronic wound management. Its adaptability across care settings makes it a useful tool for promoting adherence to current best practices and supporting clinician competency in managing challenging wounds.

REFERENCES

1. ACTIVATE Framework Created and Developed by Breanda Mulzac DP, RN: Permission required for reproduction or adaptation.
2. Cleveland Clinic. (n.d.). Venous ulcer. Cleveland Clinic. Retrieved August 13, 2025, from https://my.clevelandclinic.org/health/diseases/23165-venous-ulcer
3. Brennan, M. R. (2019). Wound assessment. Nursing, 49(8), 62-64. https://doi.org/10.1097/01.NURSE.0000559936.42877.4a
4. Thomas, S. (2008). The role of dressings in the treatment of moisture-related skin damage. World Wide Wounds.
Retrieved from http://www.worldwidewounds.com/2008/march/Thomas/Maceration-and-the-role-of-dressings.html
5. WoundSource. (2014, August 13). 11 comorbidities that inhibit wound healing. Retrieved August 13, 2025, from https://www.woundsource.com/blog/11-comorbidities-inhibit-wound-healing
6. WoundSource. (n.d.). Wound exudate assessment and management strategies. Retrieved August 13, 2025, from https://www.woundsource.com/blog/wound-exudate-assessment-and-management-strategies