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Nursing care in wound healing in older adults

Assistência de enfermagem no processo de cicatrização de feridas em idosos

Cuidados de enfermería en la cicatrización de heridas en personas mayores

Name: Mauriene Pinheiro de Sousa Gomes – Nursing Program, Faculdade Uninassau, Brasília, 2026.
Name: Rosilene Brito da Silva – Nursing Program, Faculdade Uninassau, Brasília, 2026.

Abstract:
This integrative literature review examined nursing care in wound healing in older adults. The review used a qualitative, descriptive approach and searched SciELO, LILACS, PubMed and the Virtual Health Library. The selected studies were examined for age-related skin changes, wound types, factors affecting healing and the role of nursing. The analysis identified the influence of chronic conditions, circulatory changes, reduced mobility, nutritional status, hydration, wound characteristics and infection. Nursing care includes comprehensive assessment of the person and the wound, individualized care planning, monitoring of healing, documentation of interventions, prevention of new wounds and health education. The review concludes that systematic, evidence-based nursing care contributes to healing and complication prevention and helps maintain function, autonomy and quality of life in older adults.

Keywords:
Nursing care. Wound healing. Older adults. Health education.

Resumo:
Esta revisão integrativa da literatura analisou a assistência de enfermagem no processo de cicatrização de feridas em pessoas idosas. A revisão teve abordagem qualitativa e caráter descritivo. Foram consultadas as bases SciELO, LILACS, PubMed e Biblioteca Virtual em Saúde. Os estudos selecionados foram examinados quanto às alterações da pele associadas ao envelhecimento, aos tipos de ferida, aos fatores que interferem na cicatrização e à atuação da enfermagem. A análise identificou a influência de doenças crônicas, alterações circulatórias, mobilidade reduzida, estado nutricional, hidratação, características da lesão e infecção. A assistência de enfermagem abrange a avaliação integral da pessoa e da ferida, o planejamento individualizado, o acompanhamento da evolução, o registro das intervenções, a prevenção de novas lesões e a educação em saúde. A revisão conclui que a assistência sistematizada e fundamentada em evidências contribui para a cicatrização, a prevenção de complicações e a manutenção da funcionalidade, da autonomia e da qualidade de vida da pessoa idosa.

Palavras-chave:
Cuidados de enfermagem. Cicatrização de feridas. Idoso. Educação em saúde.

Resumen:
Esta revisión integrativa de la literatura analizó los cuidados de enfermería durante la cicatrización de heridas en personas mayores. Se adoptó un enfoque cualitativo y descriptivo y se consultaron SciELO, LILACS, PubMed y la Biblioteca Virtual en Salud. Los estudios seleccionados se examinaron en relación con los cambios de la piel asociados al envejecimiento, los tipos de heridas, los factores que afectan la cicatrización y la actuación de enfermería. El análisis identificó la influencia de las enfermedades crónicas, los cambios circulatorios, la movilidad reducida, el estado nutricional, la hidratación, las características de la lesión y la infección. Los cuidados incluyen la valoración integral de la persona y de la herida, la planificación individualizada, el seguimiento, el registro de las intervenciones, la prevención

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de nuevas lesiones y la educación para la salud. La revisión concluye que los cuidados sistematizados y basados en la evidencia contribuyen a la cicatrización y a la prevención de complicaciones y ayudan a mantener la funcionalidad, la autonomía y la calidad de vida de las personas mayores.

Palabras clave:
Cuidados de enfermería. Cicatrización de heridas. Personas mayores. Educación para la salud.

1. Introduction

Aging brings many changes, including changes that can make the skin more fragile and prone to injury. In older adults these changes may be associated with difficulty healing, especially when chronic disease, circulatory disorders, limited mobility or other factors impair tissue repair. Wounds in older people therefore require attention and appropriate follow-up by healthcare professionals.

Healing involves several stages and requires favorable local and systemic conditions. When those conditions are compromised, healing may stall and wounds may persist for an extended period. Recent studies emphasize that chronic wounds can impair functional capacity and quality of life in adults and older people, affecting physical functioning and everyday activities (MOTA et al., 2023).

Care for an older person with a wound goes beyond dressing it. The wound needs proper assessment and the factors that may be affecting its progress must be identified. Research with primary care nurses showed the importance of professional knowledge in treating chronic wounds in older adults and the need for continuing education (MOURA et al., 2026).

Nursing plays an important role in wound assessment, care planning, selection of interventions and monitoring progress. Ongoing assessment reveals changes in wound characteristics and helps determine the response to treatment. Recent studies also highlight wound measurement as a means of monitoring progress during healing.

Another concern is injury resulting from the fragility of older skin. These injuries, called skin tears, are related to skin fragility and may require specific nursing care. Tobase et al. (2024) emphasize that aging increases skin vulnerability and that accurate nursing diagnoses help guide preventive and therapeutic interventions.

Wound care should address the older person as a whole. Diet, hydration, mobility, management of chronic conditions, self-care and professional follow-up can directly affect the wound. Research with older adults who had hard-to-heal skin wounds found difficulties with

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self-care, diet, physical activity and management of comorbidities, highlighting the importance of health education in follow-up.

Cofen Resolution No. 787/2025 also regulates nursing care for skin wounds. It establishes that “care for a person with a skin wound must be preceded by a comprehensive clinical assessment” (COFEN, 2025). Nurses' duties include consultation, wound assessment, care planning and participation in selecting and recommending dressings and treatment technologies.

Along with wound care procedures, nursing includes prevention of new injuries, identification of barriers to healing, guidance for older adults and their families, and continuing follow-up. Planned and individualized care can help prevent complications and improve quality of life.

It is therefore important to understand how nursing can support wound healing in older adults, considering both the characteristics of aging and the different factors that may interfere with tissue repair.

This study examines nursing care in wound healing in older adults and identifies the main factors that can influence healing and the nursing interventions that support appropriate care and a better quality of life.

2. Theoretical background

2.1 Aging and changes in the skin

Aging is a natural, progressive process marked by physiological changes across different body systems. These changes can reduce the ability to respond to harmful stimuli and make older people more vulnerable to loss of skin integrity. Structural and functional changes in the skin may increase the likelihood of injury and make tissue repair more difficult.

According to Tobase et al. (2024), aging is associated with reduced organ function and responsiveness, increasing vulnerability and fragility, particularly of the skin. Nurses should take these characteristics into account, as identifying risk factors and skin changes is essential for planning preventive and therapeutic measures.

Major changes in aging skin include thinning of the epidermis and dermis, reduced elasticity, changes in the production of substances involved in skin hydration, and alterations in collagen structure. These changes impair the skin's barrier function. Khalid et al. (2022) describe structural and biochemical changes that impair skin function and may affect tissue

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repair after injury. They also note slower healing and a greater risk of complications in aging skin.

The Ministry of Health notes that older skin may show “reduced sensitivity and elasticity, and greater laxity” (BRASIL, 2017, p. 112). These changes increase vulnerability to friction, trauma and infection, particularly alongside limited mobility, dependence in personal care and chronic disease. Assessment of skin integrity should be part of care, especially for older people at greater risk of injury.

Lower skin strength is also related to changes at the junction of the epidermis and dermis. Sgonc and Gruber (2013) describe how aging can alter skin structure and tissue repair, increasing the risk of hard-to-heal wounds. Although aging is physiological, its effects on the skin need to inform care planning, particularly when other factors may increase vulnerability.

Another concern is the increased occurrence of injuries caused by friction and shear. Skin tears are related to fragility in older skin and can occur during routine activities such as repositioning in bed, transferring the patient or providing hygiene care. Tobase et al. (2024) emphasize preventive measures and systematic assessment, since early recognition of changes supports appropriate interventions.

Chronic disease can add to age-related risks of injury and delayed healing. Diabetes mellitus, vascular disorders, reduced mobility, malnutrition and other clinical conditions can impair the body's response to injury. Skin assessment should therefore consider overall health and the factors that contribute to wound development or deterioration.

Khalid et al. (2022) emphasize that aging can prolong inflammation and alter the mechanisms of tissue regeneration. This can slow healing and increase the likelihood of chronic wounds. Understanding age-related changes is therefore essential for nurses developing strategies for prevention, assessment and follow-up.

Nursing helps maintain skin integrity in older people. Regular assessment can identify fragile areas, dryness, hyperemia, skin tears and other changes that may progress to wounds. Adequate skin hydration, careful mobilization, trauma prevention, hygiene and guidance for older adults and their families can help reduce injury risk.

Age-related skin changes are among the factors to consider when caring for older people with or at risk of wounds. Understanding them allows nurses to tailor preventive care and monitor existing injuries. Knowledge of skin aging is therefore essential to understanding healing and providing safe and appropriate nursing care to older people.

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2.2 Wound healing

Wound healing is an organized, complex biological process that restores tissue integrity after injury. Cells, chemical mediators, growth factors and extracellular matrix components act together to promote tissue repair. Healing is a dynamic sequence of responses over time.

Campos, Borges-Branco and Groth (2007) describe healing as a coordinated sequence of cellular, molecular and biochemical events that reconstruct injured tissue. The process is directly related to the body's overall condition, so both systemic and local factors can affect wound progress.

For teaching purposes, healing is divided into overlapping phases. The literature describes four main phases: hemostasis, inflammation, proliferation and remodeling. They interact continuously through the cellular and molecular mechanisms involved in tissue repair (SINGER, 2022; JIANG et al., 2022).

Hemostasis begins immediately after injury. Blood vessels constrict, and platelets and the coagulation cascade are activated, forming a clot. This controls bleeding and creates a temporary matrix supporting the arrival and movement of cells in later phases. Campos, Borges-Branco and Groth (2007) explain that tissue injury brings blood components into contact with elements of the extracellular matrix, triggering platelet activation and coagulation.

The importance of clot formation extends beyond stopping blood loss. It establishes a temporary structure that organizes repair and allows different cells to act at the injury site. Research on healing mechanisms indicates that this provisional matrix supports cell migration and supplies elements required for the following phases (CAMPOS; BORGES-BRANCO; GROTH, 2007).

The inflammatory phase follows hemostasis. Immune cells, notably neutrophils and macrophages, clear microorganisms, damaged cells and debris at the injury site. The inflammatory response also releases mediators and growth factors that signal the start of tissue repair mechanisms (JIANG et al., 2022).

Inflammation is essential to proper healing, but a prolonged response can impair wound progress. Jiang et al. (2022) highlight the importance of regulating inflammation for the quality and time course of healing. Persistent dysregulated inflammation may hinder wound closure and contribute to chronic wounds.

The proliferative phase features granulation tissue formation, cell proliferation, angiogenesis and re-epithelialization. Fibroblasts and other cells produce extracellular matrix

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components. New blood vessels improve oxygen and nutrient delivery to the healing tissue, while epithelial cells migrate to cover the wound surface.

Granulation tissue helps fill the injured area. Campos, Borges-Branco and Groth (2007) describe the formation of new blood vessels and the production of extracellular matrix components, which gradually replace damaged tissue. Collagen forms part of the new tissue structure, which will later be reorganized during remodeling.

The final stage is remodeling or maturation. The extracellular matrix and collagen deposited during proliferation are gradually reorganized. The new tissue gains strength as it is remodeled. This can continue long after apparent closure, so healing does not necessarily end when the wound surface is covered (CAMPOS; BORGES-BRANCO; GROTH, 2007).

Healing is a continuous process with several events occurring together. Research emphasizes that hemostasis, inflammation, proliferation and remodeling are interdependent and must be coordinated for adequate tissue recovery (SINGER, 2022).

Age-related changes can affect healing in older people. The literature describes structural and functional changes in older skin that influence tissue repair. Conditions common in older adults, including chronic disease, vascular changes, limited mobility and nutritional deficits, may also delay healing.

Aging can affect different stages of healing. Changes in inflammation, cell proliferation, collagen production and organization, and angiogenesis can slow repair. Khalid et al. (2022) associate aging skin with changes in healing mechanisms that may increase the risk of delayed recovery.

Local wound conditions also influence healing. Infection, devitalized tissue, excess exudate, poor oxygenation and persistent inflammation can prevent normal progression through the phases. Systematic wound assessment helps identify changes that may interfere with tissue repair.

Understanding healing phases helps nurses recognize changes in wound progress, identify factors that may delay repair and plan interventions suited to patients' needs. Assessment in older adults requires particular care because of greater skin vulnerability and potentially coexisting clinical conditions.

Wound healing should be considered comprehensively, taking both wound characteristics and overall health into account. Understanding hemostasis, inflammation, proliferation and remodeling helps nurses monitor progress and spot complications early, supporting safe, individualized care directed at restoring skin integrity.

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2.3 Main wound types in older adults

Wounds can be classified by origin, clinical features, duration or healing process. Age-related physiological changes, more frequent chronic illness and reduced tissue regeneration make skin wounds a particular concern in older adults. Main types include pressure injuries, skin tears, venous ulcers, arterial ulcers and diabetes-related wounds.

Pressure injuries are a significant health problem, especially among older adults with limited mobility or dependence in daily activities. The European Pressure Ulcer Advisory Panel, National Pressure Injury Advisory Panel and Pan Pacific Pressure Injury Alliance (2019) describe a pressure injury as localized damage to skin and/or underlying tissues generally associated with prolonged pressure or pressure combined with shear. They are more common where the body bears pressure, particularly over bony prominences.

Immobility is a major risk factor because it reduces the ability to change position spontaneously. Prolonged positioning in hospitalized, bedbound or functionally limited older adults can impair local circulation and cause tissue damage. Moisture, friction, shear, malnutrition and some clinical conditions can also increase risk (EPUAP; NPIAP; PPPIA, 2019).

Skin tears are another important injury in older people. Mechanical forces can separate skin layers during movement, transfers, hygiene and other care. Tobase et al. (2024) note that age-related skin fragility increases susceptibility and calls for specific preventive and care strategies.

Skin tears range from small breaks to larger injuries exposing underlying tissue. They may be associated with improper use of devices, contact with surfaces, handling of the skin during care and skin fragility. Precautions during nursing procedures are therefore essential to reduce trauma (TOBASE et al., 2024).

Venous ulcers are another major cause of chronic wounds in older adults. They are generally associated with chronic venous insufficiency, which impairs venous return from the lower limbs. Persistent venous hypertension can affect microcirculation and tissue, contributing to wound development and persistence. These ulcers usually occur on the lower legs and may present with exudate, edema and periwound skin changes.

According to O'Donnell et al. (2014), chronic venous disease is common and clinically significant and can progress to severe manifestations including ulceration. Recognizing a

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wound's venous origin helps guide treatment and prevention of recurrence. Nursing assessment should include the wound, edema, adjacent skin and other signs that may clarify its etiology.

Arterial ulcers result from diminished arterial flow to tissues. Arterial insufficiency can reduce oxygen and nutrient supply, compromising tissue viability and delaying healing. These injuries may be associated with peripheral artery disease and are more likely to develop complications if not recognized and monitored appropriately.

Peripheral artery disease is particularly relevant in older adults because prevalence increases with age. Associated factors include diabetes mellitus, hypertension, dyslipidemia and smoking. Gerhard-Herman et al. (2017) emphasize vascular assessment in suspected cases, because impaired blood flow directly affects tissue integrity and healing capacity.

Diabetes-related wounds are also common in older people. Vascular and neurological changes can increase the risk of foot injury and impede healing. Diabetic neuropathy can reduce awareness of pain and pressure, so minor injuries may go unnoticed and become larger wounds.

The International Working Group on the Diabetic Foot (IWGDF) emphasizes regular risk assessment, patient education, foot care and early identification of changes to prevent foot injuries in people with diabetes. Systematic follow-up helps reduce complications and prevent wound progression.

In older adults with diabetes, other conditions that interfere with healing may coexist. Circulatory disorders, neuropathy, limited mobility, visual impairment and difficulty with self-care can impede early recognition and treatment of small wounds. Care should address the wound and the conditions that contributed to it.

Whatever their cause, chronic wounds can have major consequences in later life. Pain, functional limitations, reduced mobility, frequent care needs and infection risk can compromise autonomy and quality of life. Mota et al. (2023) found a relationship between chronic wounds, functional capacity and quality of life in adults and older adults, supporting comprehensive follow-up.

Correct identification of wound type and cause is vital to nursing care planning. A comprehensive assessment should consider the person's clinical condition, circulation, mobility, nutritional status, chronic disease and capacity for self-care, as well as wound appearance.

Cofen Resolution No. 787/2025 requires comprehensive clinical assessment before care for a person with a skin wound. Nursing therefore encompasses assessment, planning,

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interventions, follow-up and prevention. Knowledge of wound types helps nurses recognize relevant features and tailor care to the patient's needs (COFEN, 2025).

Wounds in older people differ in cause and presentation. Nurses must be prepared to recognize them and identify the associated factors. Pressure injuries, skin tears, venous and arterial ulcers and diabetes-related wounds require distinct assessment and care. Understanding those differences helps guide interventions and promote safer and more effective healing.

2.4 Factors that interfere with healing

Wound healing in older people may be influenced by aging, clinical conditions and general health. Age-related physiological changes in the skin and other systems can reduce responsiveness to tissue damage and slow repair. Chronic illness, vascular changes, nutritional deficits, limited mobility and ongoing medication use can also delay healing (SGONC; GRUBER, 2013; KHALID et al., 2022).

Chronic disease is among the main barriers to healing. Diabetes mellitus, cardiovascular disease and peripheral circulatory disorders may compromise oxygen and nutrient delivery to tissues, interfering with wound repair. In diabetes, for example, metabolic and vascular changes may prolong wounds and increase infection risk. Nursing assessment of older adults' clinical conditions can identify problems that may affect healing early.

Nutritional status is also important. New tissue formation requires adequate protein, vitamins, minerals and energy. Malnutrition or inadequate food intake can impair granulation tissue formation, collagen production and tissue regeneration. Nutritional assessment should inform follow-up of older people with wounds, especially when healing is prolonged or the response to treatment is inadequate (KHALID et al., 2022).

Hydration affects the skin barrier and tissue repair. Structural and functional changes in aging skin can lead to dryness and fragility. Tobase et al. (2024) link these changes to susceptibility to skin tears and other mechanical injuries. Skin protection, adequate hydration and minimizing trauma during care help prevent new injuries and support recovery from existing ones.

Limited mobility is another factor. Sustained positioning increases pressure on certain areas, especially bony prominences, and can cause or worsen pressure injuries. It can also hinder personal care and reduce the ability to change position spontaneously. Mobility and pressure injury risk assessment should inform nursing care planning.

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Infection can substantially impair wound progress. Inflammation is required for defense and the start of tissue repair, but prolonged inflammation can impede healing. Biofilm and microorganisms can sustain conditions unfavorable to repair, requiring careful assessment, appropriate hygiene and infection control (MOREIRA et al., 2024).

Wound-specific factors matter in addition to physiological and clinical ones. Location, size, depth, devitalized tissue, the amount and nature of exudate, surrounding skin and signs of infection help determine how a wound is progressing. Repeated measurement and systematic follow-up track changes over time. Alves dos Santos et al. (2024) highlight measurement as a parameter for monitoring healing.

Nurses help identify barriers to healing and design individualized interventions. Assessment should address wound characteristics and the older person's clinical, nutritional, functional and social circumstances. Cofen Resolution No. 787/2025 defines nursing team responsibilities in wound care and emphasizes assessment, planning and follow-up (COFEN, 2025).

Healing in older adults involves an interaction between aging, chronic disease, nutrition, hydration, mobility, circulation, infection and local wound conditions. Systematic, individualized nursing care identifies risk factors, prevents complications and monitors healing continuously.

2.5 Nursing care for older adults with wounds

Nursing care for older people with wounds should be systematic, individualized and comprehensive, taking wound features and general health into account. Aging can alter skin structure and function, while chronic illness, functional limitations and nutritional changes can affect healing. Nursing assessment should cover the patient, the wound and factors that can help or hinder recovery (SGONC; GRUBER, 2013; KHALID et al., 2022).

Initial assessment is a principal stage of care. Nurses take a history and perform a physical examination, gathering data on overall health, medical history, chronic conditions, medication use, diet, hydration, mobility, pain, and the onset and course of the wound. They also assess risk of new injuries and the person's functional capacity to participate in care.

Under Cofen Resolution No. 787/2025, comprehensive clinical assessment during a nursing consultation precedes skin wound care, with the steps of the Nursing Process taken into

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account. Nurses conduct a history and physical examination and use validated scales and institutional protocols where indicated (COFEN, 2025).

Wound assessment includes location, dimensions, depth, the wound bed, tissues present, exudate amount and features, edges and surrounding skin. Periodic measurement tracks wound progress and response to interventions. Alves dos Santos et al. (2024) highlight its usefulness for monitoring healing.

Wound care should maintain conditions favorable to healing and prevent complications. Cleansing, dressing selection and periwound skin protection should suit the wound and the patient. Nurses should continually assess response to treatment and modify the care plan as needed (COFEN, 2025).

Infection prevention and control are also part of nursing care. Microorganisms, biofilm and changes in inflammation can hinder hard-to-heal wounds. Moreira et al. (2024) emphasize hygiene and wound management given the possibility of biofilm. Systematic follow-up should monitor changes in exudate, odor, pain, edema, hyperemia and other clinical signs.

Pain should be considered when caring for older people with wounds. Nurses assess its intensity, location, duration and characteristics, especially during potentially uncomfortable procedures. Recognizing and documenting pain helps monitor it and guide measures to increase comfort during treatment.

Prevention of new wounds should be built into the care plan. In people with limited mobility, nurses assess pressure injury risk and introduce measures such as repositioning, protecting pressure-prone areas and monitoring skin integrity. Handling and mobility assistance should account for age-related skin fragility to minimize trauma and skin tears (TOBASE et al., 2024).

Nutrition and hydration also need attention. Healing requires sufficient energy and nutrients, while nutritional changes can impair tissue repair. Nurses monitor food acceptance, difficulties eating, weight changes and fluid intake, and make referrals for joint care with other healthcare professionals as needed (KHALID et al., 2022).

Health education is another important nursing intervention. Older adults, family members and caregivers need guidance on hygiene, skin protection, diet, hydration, prevention of new wounds, dressing care and signs of complications. The involvement of the patient and support network can improve continuity and adherence.

Wound follow-up should be continuous and documented. Serial assessments allow comparison of wound conditions, detection of changes and evaluation of interventions. Under

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Cofen Resolution No. 787/2025, records should include wound etiology, tissue features, infection or inflammation, exudate, the wound edges and periwound skin, interventions and necessary referrals (COFEN, 2025).

Nursing care for older adults with wounds includes comprehensive assessment, follow-up, risk management, prevention of infection and new injury, pain management, nutrition and hydration, health education, and documentation. This work supports healing, prevents complications and promotes safety, comfort and quality of life.

2.6 Preventing new wounds and health education

Preventing new wounds is important in nursing care for older people because age-related changes in skin structure and function can increase vulnerability to trauma. Older skin is more fragile and can sustain damage from friction, pressure, moisture and other factors. Risk identification and preventive measures should be part of care planning (TOBASE et al., 2024; KHALID et al., 2022).

Prevention includes checking skin integrity frequently, especially in areas exposed to pressure or friction. In older people with limited mobility, strategies should reduce prolonged pressure, support repositioning and protect vulnerable areas. Keeping skin clean and hydrated and avoiding unnecessary trauma can preserve skin integrity and reduce the risk of new wounds.

Prevention must also consider clinical conditions. Chronic disease, circulatory disorders, diabetes, functional limitations and nutritional deficits can increase wound risk or impede the healing of existing wounds. Nurses should identify these factors during assessment and tailor interventions to the patient's needs (KHALID et al., 2022).

Health education is fundamental to preventing new injuries. Nurses should guide older adults, family members and caregivers on skin care, hygiene, hydration, nutrition, mobility and trauma prevention. Guidance should be clear and accessible and take cognitive, functional and social circumstances into account.

Health education should cover signs of skin changes or wound deterioration. Persistent redness, increasing pain, edema, changes in exudate, odor and other changes should be reported to healthcare professionals. Early recognition allows faster intervention and may prevent complications.

Family members and caregivers are particularly important when an older adult depends on others for self-care. Nurses should guide them in providing care, avoiding sustained pressure,

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protecting skin, maintaining hygiene and inspecting high-risk areas daily. Appropriate guidance supports continuity of care at home and enhances prevention.

In addition to individual guidance, nurses can provide health education in healthcare settings, long-term care facilities and other services for older people. It can cover wound prevention, mobility, appropriate nutrition, hydration and skin care, supporting treatment, autonomy and quality of life.

Prevention of new wounds and health education should be incorporated into nursing care. Nurses identify risk factors, take preventive measures, guide the patient and support network, and continually monitor the skin. This can reduce complications, prevent new wounds and support safer, more comprehensive care.

3. Methodology

This qualitative, descriptive, integrative literature review gathered, analyzed and synthesized scientific knowledge about nursing care in wound healing among older adults. The method was chosen to bring together different studies and broaden understanding of barriers to healing and key nursing interventions for older people with wounds.

An integrative review brings together research findings on a topic for analysis and application in professional practice. Mendes, Silveira and Galvão (2008) explain that evidence from different study types can be incorporated, broadening understanding of the subject.

A qualitative approach was chosen to interpret and understand the literature on nursing care for older adults with wounds. The study sought to understand healing, factors that may hinder recovery and nursing actions for prevention, treatment and follow-up.

The literature search used Scientific Electronic Library Online (SciELO), Latin American and Caribbean Health Sciences Literature (LILACS), PubMed and the Virtual Health Library (VHL), which offer access to national and international healthcare and nursing publications.

Search terms included “idosos” (older adults), “feridas” (wounds), “cicatrização” (healing), “assistência de enfermagem” (nursing care), “feridas crônicas” (chronic wounds) and “cuidados de enfermagem” (nursing care). Terms were combined with the Boolean operators AND and OR to broaden or narrow the results as needed.

The inclusion criteria were full-text scientific articles on healing in older people or nursing care for that population, published in Portuguese, English or Spanish and relevant to

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the objective. Recent research was considered, prioritizing up-to-date information about nursing care and wound treatment in older adults.

The exclusion criteria were duplicate records, papers unrelated to the topic, studies unavailable in full text, works confined to other populations without relevance to older people, and material that did not address the objective.

Titles and abstracts were screened for relevance after searching. Potentially relevant studies were then read in full for closer analysis. Papers meeting the inclusion criteria and offering information relevant to nursing care during wound healing in older adults were selected.

The selected material was analyzed qualitatively and descriptively and organized by topic: age-related skin changes, healing, key wound types in older adults, factors affecting healing, and nursing responsibilities in assessment, prevention, treatment and follow-up.

The analysis also addressed prevention of new wounds and health education. Nursing care includes educating older adults, relatives and caregivers and monitoring overall health, nutrition, hydration, mobility and self-care, which are important for continuity and prevention of complications.

After selection and analysis, findings were compared and discussed in relation to the study objectives. The main points of agreement and disagreement were identified, with an emphasis on evidence of nurses' role in the progress of wounds in older adults.

The method brought together evidence on the topic and allowed broad analysis of nursing care, including direct wound care and individual and clinical factors that can affect healing. The integrative review organized available evidence and supported reflection on the importance of systematic, individualized, evidence-based care for older people with wounds.

4. Results and discussion

The studies selected for the integrative review revealed several dimensions of nursing care during wound healing in older adults. The findings support a comprehensive approach that considers the wound, age-related changes, chronic diseases, nutritional status, mobility, self-care capacity and social and family circumstances.

The literature shows that nurses play an important role in wound assessment, intervention planning, complication prevention, local care and follow-up. Systematic care can facilitate healing and reduce the impact of wounds on functioning and quality of life.

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4.1 The importance of nursing care in wound healing in older adults

The reviewed studies show that nursing is essential to the care of older adults with wounds. It involves clinical assessment, identification of risk factors, intervention planning, follow-up and guidance for patients and family members, in addition to dressing the wound. Together these actions help restore skin integrity and prevent complications.

Age-related physiological changes reinforce the importance of nursing care. Older skin is more fragile and less able to respond to injury, which can contribute to wound development and difficulty healing. Khalid et al. (2022) associate aging with changes in the mechanisms of skin repair and potential delays in healing.

In Brazil, Cofen Resolution No. 787/2025 requires a comprehensive clinical assessment and nursing consultation before care for a person with a skin wound. It also covers assessment, planning and follow-up, emphasizing nurses' responsibilities in caring for people with skin wounds (COFEN, 2025).

The findings also show the importance of professional knowledge. Moura et al. (2026) examined primary care nurses' knowledge of chronic wound treatment in older people and identified a need for professional training. Continuing education helps nurses keep up with advances in technology, treatment products and prevention approaches.

The findings reinforce the strategic role of nursing from initial wound identification through follow-up. Evidence-based care organized around individual needs can improve treatment response and patient safety.

4.2 Factors affecting wound healing in older adults

The studies showed that local and systemic factors can influence healing in older people. Key factors include skin aging, chronic conditions, circulatory disorders, limited mobility, inadequate nutrition, insufficient hydration and infection.

Age-related changes can alter the body's response to injury. Sgonc and Gruber (2013) describe changes in skin repair mechanisms that may slow healing. Khalid et al. (2022) also identify changes in inflammation, cell proliferation and tissue remodeling in older individuals.

Chronic disease is also relevant. Diabetes mellitus, vascular disease and other conditions affecting circulation can reduce oxygen and nutrient delivery to tissues. They may prolong wounds and increase complication risk. Wound treatment should therefore be accompanied by management of the patient's clinical conditions.

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Functional limitation is another factor. Mota et al. (2023) found chronic wounds to be associated with effects on functional capacity and quality of life in adults and older people. Wounds can make daily activities more difficult and increase dependence in self-care.

Diet and hydration also matter. Adequate nutrients are needed to form new tissue and sustain the phases of wound healing. Older people with inadequate diets or conditions limiting nutrient intake may have difficulty recovering.

Wound treatment needs to be combined with identification and management of the factors affecting its progress. Nurses provide continuous follow-up and can identify changes requiring intervention or referral to other professionals.

4.3 Nursing assessment and follow-up of wounds

Systematic wound assessment was identified as a central element of nursing care. Studies emphasize assessing the site, size, depth, wound bed tissue, exudate, edges and surrounding skin.

Alves dos Santos et al. (2024) identify wound measurement as a useful way to track healing. Repeated assessments allow comparison of wound characteristics over treatment and detection of changes. Measurement makes follow-up more objective and helps assess the response to interventions.

Cofen Resolution No. 787/2025 also emphasizes documenting wound characteristics and patient progress. Proper documentation makes it possible to track interventions and promotes continuity among the professionals involved (COFEN, 2025).

Along with assessing physical wound characteristics, nurses monitor signs of complications. Changes in exudate, odor, pain, edema, hyperemia and tissue condition can signal changes in healing and require reassessment. Moreira et al. (2024) stress the importance of wound hygiene and biofilm in hard-to-heal wounds.

Follow-up should be ongoing. Continuous assessments show how the wound is progressing and allow the care plan to be adjusted to the patient's needs.

4.4 Preventing new wounds and health education

Prevention was identified as fundamental to nursing care for older adults. Given age-related skin fragility, preventive measures should be part of routine care, particularly for people with limited mobility or a history of wounds.

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Tobase et al. (2024) discuss skin tears in older adults and highlight the need to recognize skin fragility when planning nursing interventions. Prevention includes careful handling, skin protection and reducing friction and trauma.

Health education is also important. Nurses should advise older people, relatives and caregivers on skin care, hygiene, hydration, diet, mobility, pressure prevention and early recognition of changes. Guidance can improve continuity of home care and reduce the risk of new wounds.

Mota et al. (2023) show that chronic wounds can impair older adults' functional capacity and quality of life. Education should support wound recovery, maintain autonomy and prevent limitations resulting from the condition.

Health education helps patients take a greater role in their own care. Appropriate guidance helps older people and their support networks recognize risk factors and adopt preventive measures in everyday life.

4.5 Challenges of nursing care for older adults with wounds

The literature identified challenges in wound care, including the need for current knowledge, complex conditions, multiple chronic diseases, functional limitations and difficulties ensuring continuity.

Moura et al. (2026) highlight the need for primary care nurses to update their knowledge of chronic wound treatment in older people. Training contributes to quality of care, especially given the variety of wounds and differing patient needs.

Continuity of care presents another challenge. Wound treatment may require lengthy follow-up and the participation of the patient, relatives and caregivers. Limited access to services, poor adherence or constraints on self-care can impede wound progress.

Coordination among healthcare professionals is also important. An older person with a wound may need support with nutrition, mobility, management of chronic conditions and vascular problems, among other needs. Coordinated multidisciplinary care can provide a more comprehensive approach.

These challenges highlight the need to strengthen continuing professional education and strategies for continuity, particularly in primary care and home follow-up.

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4.6 Nursing contributions to quality of life in older adults with wounds

The effects of wounds extend beyond physical injury. Pain, limited mobility, dependence in daily activities and lengthy treatment can affect autonomy and quality of life in older adults.

Mota et al. (2023) identified a relationship between chronic wounds, functional capacity and quality of life, showing that wounds can impair daily activities. These findings support care that addresses the person as a whole.

Nursing supports quality of life through wound assessment and management, complication prevention, pain management, self-care guidance and encouraging participation in treatment. Individualized care also identifies specific limitations and tailors strategies to the person's circumstances.

Health education can support autonomy and participation by older adults and their caregivers. Appropriate guidance on prevention, treatment and follow-up can improve adherence and reduce complication risk.

The reviewed studies show that nursing is essential to healing and to preserving functioning, autonomy and quality of life. Care should be ongoing, person-centered and evidence-based, taking individual characteristics and barriers to recovery into account.

5. Concluding remarks

This integrative review examined nursing care during wound healing in older adults and showed that this population needs systematic, individualized and comprehensive care. Aging alters skin structure and function and can increase fragility and impair tissue repair, making older people more susceptible to wounds and healing complications.

The studies showed that healing is influenced by aging, chronic disease, circulatory changes, reduced mobility, nutrition, hydration, wound features and infection. Treatment should include dressings and take the person's clinical, functional, nutritional and social circumstances into account.

Nurses play an important role in comprehensive assessment of both the person and the wound, care planning, implementation, follow-up and systematic documentation. Assessing location, dimensions, depth, tissue type, exudate, edges and periwound skin helps guide care and track the response to treatment.

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Nursing also helps prevent new wounds. Protecting the skin, reducing friction and pressure, maintaining hygiene, hydration and mobility, and identifying risk factors early can help prevent complications. Health education for older adults, relatives and caregivers promotes continuity at home and greater participation in treatment.

Continuous follow-up and ongoing education are important. Given the complexity of wounds in older adults, nurses need skills to recognize changes in healing and signs of complications, select suitable interventions and make referrals as needed. Coordination with other healthcare professionals matters because systemic, nutritional, vascular and functional factors influence healing.

Nursing care is therefore essential in caring for older adults with wounds. It supports healing and prevention of complications while helping maintain function, autonomy and quality of life. Careful assessment, individualized planning, systematic follow-up, prevention and health education support safer, person-centered care.

Professional development and evidence-based practice are fundamental to improving care for older adults with wounds. Further research should expand the scientific literature on nursing strategies specifically aimed at wound prevention, treatment and follow-up in this population, contributing to better professional practice and care outcomes.

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