



WOUND CARE

Proper wound care is necessary to prevent infection, ensure there are no other associated injuries, and promote healing of the skin.



WOUND TYPES

- **Wound:** Injury to the skin that can range from a minor scrape or blister to a gunshot that damages tissue and organs underneath the skin.
- Each type of wound is treated differently depending on the cause, symptoms, and risks. Some wounds:
 - Heal quickly with minimal care
 - Are chronic and resistant to healing
- All wounds require monitoring and cleaning to prevent infection-causing germs from entering the skin. If improperly managed, even superficial wounds can:
 - Become infected
 - Heal at a slow pace
 - Result in unnecessary scarring

GENERAL WOUND TYPES

- Laceration
- Surgical incision
- Abrasion
- Puncture
- Burn
- Pressure injury
 - Diabetic ulcer
 - Neurovascular ulcer
 - Venous ulcer
 - Arterial wound



ACUTE VS. CHRONIC WOUNDS

- **Acute:** A.k.a. **traumatic wounds** because the skin breaks or puncture occurs suddenly.
 - A new acute wound typically heals within a predicted amount of time.
 - A wound is acute if it occurred in the last 4–6 weeks.
- **Chronic:** Wounds that fail to heal within the expected time frame due to improper care and hygiene or complications including poor blood supply, oxygen, and nutrients.
 - Chronic wounds can persist for months and years after initial healing.
 - Arterial, diabetic, pressure, and venous wounds in the lower extremities are the most common chronic wounds.

ASSESSING THE WOUND

Determine the appropriate management and treatment strategies. Failing to assess a wound correctly can cause delays in healing, patient discomfort, increased infection risk, and inappropriate wound dressings.

WOUND BED PREPARATION

Some health care professionals find it helpful to use the acronym **TIME** for wound assessment, developed by the International Advisory Board on wound bed preparation.

- **Tissue:** Is it viable or nonviable? Is debridement needed to remove necrotic tissue?
- **Infection (or inflammation):** Are antimicrobials or antibiotics necessary?
- **Moisture balance:** What wound fluid/exudate is present?
- **Epithelial edge advancement:** Is the wound area still advancing after treatment?

ASSESSMENT CONSIDERATIONS

- **Is the wound clean or contaminated?** Any dirt, gravel, glass, metal, sand, or other debris need to be cleaned from the wound.
- **Depth:** The skin has three main layers. Care of the wound depends on how many layers of tissue have been damaged by the injury.
 1. **Epidermis:** Surface layer of the skin.
 2. **Dermis:** Much thicker second layer of the skin.
 3. **Subcutaneous fat:** Bottom layer of the skin.
- Wounds may be classified as:
 - **Partial thickness:** Wounds with damage limited to the epidermal and/or dermal layers.
 - **Full thickness:** Wounds with deeper damage evident in the subcutaneous layers and below.
- **Wound size:** A wound is measured by its length times the widest part of the wound.
 - Measure from the deepest point of the wound to the surface using a sterile cotton-tip applicator moistened with saline solution or sterile water.
 - For circular wounds, multiply the longest diameter at right angles.
- **Tissue types:** Wound tissue provides clues about the healing stage. Any nonviable or deficient tissue (slough and eschar) delays healing unless removed. Tissue can be assessed by color.
 - **Epithelial:** New tissue that is light pink and is healing properly.
 - **Granulation:** Healthy tissue that is bright red, firm, and shiny. Dark red tissue or bleeding may indicate infection.
 - **Slough:** Stringy, dead tissue that is usually yellow and separating from the lesion.
 - **Eschar:** Nonviable tissue that is black, brown, or tan in color and often crusty.
- **Moisture:** Both the volume and composition of exudate in chronic wounds can impact healing and determine the best dressing to use to achieve an ideal moisture balance.
- **Infection:** Identify any signs or symptoms of infection, which can include a foul odor, swelling (edema), severe pain, increased redness, and purulent discharge.
 - Taking a wound swab can identify the bacteria type for therapy.
- **Pain:** The presence and intensity of pain may influence treatment recommendations.

- Pain may be classified as neuropathic, isotropic, or anticipatory.
- The degree of pain may not correlate to the seriousness of the injury.

FIRST AID TO STOP SEVERE BLEEDING

Stopping the bleeding is the first step for any serious open wound.

Call 911 or seek emergency care for severe bleeding that you can't control, large wounds that need sutures, serious burns, and animal bites. For immediate care:

1. **Wash hands thoroughly** and wear gloves if available.
 2. **Clear the wound** of clothing or debris, but don't probe or clean the wound while it is bleeding, or try to remove deeply embedded objects.
 3. **Apply pressure** by pressing firmly over the wound with a thick, sterile bandage or clean cloth until the bleeding stops.
 4. **Add a second bandage** on top if bleeding seeps through. Don't remove the gauze or bandage.
 5. **Help the injured person lie down** on a rug or blanket if available.
 6. **Elevate the injury** until the bleeding stops. Raise the injured limb above the level of the heart if possible.
 7. **Keep the injured body part immobile.** Secure the bandage with tape.
- A tetanus shot is needed if the injured person hasn't had one in the last five years.

GENERAL WOUND CARE IF BLEEDING IS CONTROLLED

CLEANING THE WOUND

- Rinse acute wounds with warm tap water and soap.
- Remove any lingering dirt or debris with swabs saturated with alcohol.
 - Disinfect the skin around the wound with antiseptic; avoid getting it inside the wound.
 - Don't use hydrogen peroxide or iodine, which can damage tissue.
- Flush with saline solution only if the wound is open and contaminated.
- If the wound is still not clean, surgical debridement may be needed to remove

debris or dead tissue. See **Debridement under Chronic Wounds**, p. 5, for more information.

APPLYING A TOPICAL ANTIMICROBIAL

- Apply a thin layer of bacitracin or ointment containing it (e.g., Neosporin or Polysporin) or petroleum jelly.
- A moist surface helps prevent infection, reduce pain, and promote healing.

PACKING THE WOUND

- If the wound is deep, the empty space needs packing.

- Use saline and an alginate, hydrofiber, or hydrogel-impregnated dressing.
- Packing material should be easy to remove from the wound base to facilitate dressing changes.

CLOSING OPEN WOUNDS

Primary Closure

Close open wounds within six hours to prevent infection by pulling the edges together to cover any exposed tissue or using:

- Skin adhesive strips for minor wounds if the infection risk is low
- Tissue adhesive glue for small cuts

- Staples for certain wounds to the scalp, neck, arms, legs, torso, and buttocks.
- Sutures (stitches) if the cut is:
 - Wide or deep
 - Longer than ½ in. on the body
 - Longer than ¼ in. on the face
 - In a location prone to flexion, tension, or trauma
- Skin grafting (taking healthy skin from another part of the body) for wounds that are difficult to close using staples or sutures

Note: Sutures and adhesive strips may be removed 10–14 days after a wound is closed.

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Nurses Clinical Guide To Wound Care

Liza Marmo, Yvonne D'Arcy



Nurses Clinical Guide To Wound Care:

Clinical Guide to Skin and Wound Care Cathy T. Hess, 2012-09-26 This useful resource will help both clinicians and institutions deliver wound care that is both appropriate for patient needs and cost effective for the institution. Featuring important new information on documentation regulations including helpful checklists and offering take away highlights in every chapter, this useful resource also provides new content on lymphedema management guidelines, negative pressure wound therapy, and capturing data using today's media capabilities. Part 1 covers the fundamentals of skin and wound care including assessment, treatment, prevention, nutrition, and documentation. Part 2 offers profiles and photos of hundreds of skin and wound care products, all categorized and alphabetized for easy reference. The book also includes a full color wound photo section, wound checklists, and much more. *Clinical Guide to Skin and Wound Care* Cathy Thomas Hess, 2012-06-01

Accelerate your skin and wound care with the *Clinical Guide to Skin and Wound Care* Seventh Edition. This compact and sensibly organized guide is vital to providing optimal care. Look forward to updated advice on skin care products that helps you make the right choices. Current documentation regulations so that you can properly illustrate wound healing. New chapters on lymphedema and best practices. Profiles of more than 300 products in A to Z organization for easy identification. Benchmark outcomes help you take your care to the next level and more. You'll accurately assess, plan, and monitor wound care using the most current best nursing practices. This useful resource will help both clinicians and institutions deliver wound care that is both appropriate for patient needs and cost effective for the institution. Featuring important new information on documentation regulations including helpful checklists and offering take away highlights in every chapter, this useful resource also provides new content on lymphedema management guidelines, negative pressure wound therapy, and capturing data using today's media capabilities. Part 1 covers the fundamentals of skin and wound care including assessment, treatment, prevention, nutrition, and documentation. From identifying patients at risk for wounds to achieving compliance for self care, this is the companion you'll rely on day after day. You'll gain a deeper understanding of chronic wounds, accurately interpret lab values, and adapt your care. Develop a proper skin and wound care formulary, expertly manage tissue load, and understand and apply the wound care regulatory process. Part 2 offers profiles and photos of hundreds of skin and wound care products, all categorized and alphabetized for easy reference. You'll find a wealth of NEW advice on the skin care products you use most, including cleansers, moisture barriers, antifungal and antimicrobial treatments, therapeutic moisturizers, liquid skin protectants, and others. The Seventh edition of *Clinical Guide to Skin and Wound Care* also includes a full color wound photo section, wound checklists, and much more. [Skin and Wound Resource Manual](#), 2006-04. Comprehensive Skin and Wound Care Resource Manual including wound and skin policies and procedures, forms, patient handouts, and staff education material. Designed for use in all health care settings. Includes CD-ROM of policies and procedures for printing and customizing. *Compact Clinical Guide to Critical Care, Trauma, and Emergency Pain Management* Liza

Marmo,Yvonne D'Arcy,2013-02-22 This is an excellent resource for nurses practicing in critical care units emergency departments and trauma units as well as for midlevel providers who manage these patients Doody s Medical Reviews Compact ClinicalGuide to Critical Care Trauma and EmergencyPain Management is aconcise easy to readresource for nurses whowant to reinforce theirfoundational knowledgein this area Critical Care Nurse This addition to Springer Publishing s Compact Clinical Guide to Pain Management Series presents evidence based national guidelines and treatment algorithms for managing pain in patients in the critical care trauma and emergency room settings Such patients often present with co morbid and complex conditions which often make accurate pain assessment and treatment a challenge In an easy to use bulleted format the book provides the most current information on assessing and managing pain in a variety of critical conditions Both pharmacological management therapies and non pharmacologic interventions are included along with information about pain assessment screening tools for special populations Topics covered include the basics of pain physiology in critical emergency and operative care patients assessing pain in the critically ill medications and advanced pain management techniques useful with this population and commonly occurring conditions in the various care environments Also addressed are the management of particularly challenging patients elderly obese and conditions chronic pain renal failure chemically dependent patients and burn patients The book contains tables that efficiently summarize information and figures to illustrate key concepts Pain rating scales and a helpful equi analgesic conversion table are included in the Appendix Key Features Provides evidence based information on treating pain in critical care trauma and emergency room patients for all practice levels Organized for quick access to pertinent clinical information on treatment options and pain types Provides cross referenced indexing and easy to use assessment and screening tools Includes information for treating especially challenging and difficult to manage patient pain scenarios Quick Reference to Wound Care Pamela

Brown,2008-05-07 **The Royal Marsden Manual of Clinical Nursing Procedures, Student Edition** Sara Lister,Justine Hofland,Hayley Grafton,Catherine Wilson,2021-04-13 The student edition of The Royal Marsden Manual of Clinical Nursing Procedures has been the definitive market leading textbook of clinical nursing skills for fifteen years This internationally best selling title sets the gold standard for nursing care providing the procedures rationale and guidance required by pre registration students to deliver clinically effective patient focused care with expertise and confidence With over two hundred detailed procedures which reflect the skills required to meet The Standards of Proficiency for Registered Nurses NMC 2019 this comprehensive manual presents the evidence and underlying theory alongside full colour illustrations and a range of learning activities designed to support student nurses in clinical practice Loved and trusted by millions The Royal Marsden Manual of Clinical Nursing Procedures Student Edition continues to be a truly indispensable textbook for students and includes coverage of patient assessment and discharge planning communication infection prevention and control perioperative care wound management nutrition diagnostic testing medicines management and much more Learning features

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and related professional and legal issues Part II features profiles and photographs of over 300 wound care products Part III contains charts of over 200 additional dressings and products Appendices include assessment tools and multiple treatment algorithms A manufacturer resource guide includes addresses telephone numbers Websites and manufacturer sponsored educational programs

A Clinical Approach to Geriatric Rehabilitation Jennifer Bottomley, Carole Lewis, 2024-06-01

The field of geriatric rehabilitation is constantly changing due to the discovery of new evidence based evaluation and treatment strategies as well as the continual support or refutation of older theories and practices Now in its Fourth Edition A Clinical Approach to Geriatric Rehabilitation has been updated to be at the forefront of these changes and includes free video content from MedBridge and a discount on a MedBridge subscription to geriatric rehabilitation courses offered by the authors Drs Jennifer M Bottomley and Carole B Lewis have compiled the plethora of available scientific research on geriatric populations and combined it with their years of actual clinical practice Together this makes this text a complete evidence based guide to the clinical care of geriatric patients and clients The first part of A Clinical Approach to Geriatric Rehabilitation Fourth Edition tackles applied gerontological concepts providing the general knowledge base necessary for treating geriatric patients Topics in this section include patient evaluation an exploration of nutritional needs and age related changes in physiology and function as well as many other foundational areas In the second section topics become more focused on patient care concepts like neurologic considerations cardiopulmonary and cardiovascular considerations and establishing community based screening programs In the final section chapters center on administration and management including important subjects such as attitudes ethics and legal topics as well as consultation and research New and updated in the Fourth Edition Pearls section for succinct highlights of the content within each chapter The latest evidence based practice interventions with complete references for further reading Updated graphics pictures and diagrams to illustrate the content Content summaries and streamlined text for enhanced readability Updated case studies to exemplify clinical decision making Designed to provide valuable real life clinical knowledge A Clinical Approach to Geriatric Rehabilitation Fourth Edition gives physical therapists an evidence based guide to the clinical aspects of rehabilitative care in older adult patients and clients

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Table of Contents Nurses Clinical Guide To Wound Care

1. Understanding the eBook Nurses Clinical Guide To Wound Care
 - The Rise of Digital Reading Nurses Clinical Guide To Wound Care
 - Advantages of eBooks Over Traditional Books
2. Identifying Nurses Clinical Guide To Wound Care
 - Exploring Different Genres
 - Considering Fiction vs. Non-Fiction
 - Determining Your Reading Goals
3. Choosing the Right eBook Platform
 - Popular eBook Platforms
 - Features to Look for in an Nurses Clinical Guide To Wound Care
 - User-Friendly Interface
4. Exploring eBook Recommendations from Nurses Clinical Guide To Wound Care
 - Personalized Recommendations
 - Nurses Clinical Guide To Wound Care User Reviews and Ratings
 - Nurses Clinical Guide To Wound Care and Bestseller Lists

5. Accessing Nurses Clinical Guide To Wound Care Free and Paid eBooks
 - Nurses Clinical Guide To Wound Care Public Domain eBooks
 - Nurses Clinical Guide To Wound Care eBook Subscription Services
 - Nurses Clinical Guide To Wound Care Budget-Friendly Options
6. Navigating Nurses Clinical Guide To Wound Care eBook Formats
 - ePub, PDF, MOBI, and More
 - Nurses Clinical Guide To Wound Care Compatibility with Devices
 - Nurses Clinical Guide To Wound Care Enhanced eBook Features
7. Enhancing Your Reading Experience
 - Adjustable Fonts and Text Sizes of Nurses Clinical Guide To Wound Care
 - Highlighting and Note-Taking Nurses Clinical Guide To Wound Care
 - Interactive Elements Nurses Clinical Guide To Wound Care
8. Staying Engaged with Nurses Clinical Guide To Wound Care
 - Joining Online Reading Communities
 - Participating in Virtual Book Clubs
 - Following Authors and Publishers Nurses Clinical Guide To Wound Care
9. Balancing eBooks and Physical Books Nurses Clinical Guide To Wound Care
 - Benefits of a Digital Library
 - Creating a Diverse Reading Collection Nurses Clinical Guide To Wound Care
10. Overcoming Reading Challenges
 - Dealing with Digital Eye Strain
 - Minimizing Distractions
 - Managing Screen Time
11. Cultivating a Reading Routine Nurses Clinical Guide To Wound Care
 - Setting Reading Goals Nurses Clinical Guide To Wound Care
 - Carving Out Dedicated Reading Time
12. Sourcing Reliable Information of Nurses Clinical Guide To Wound Care
 - Fact-Checking eBook Content of Nurses Clinical Guide To Wound Care
 - Distinguishing Credible Sources
13. Promoting Lifelong Learning

- Utilizing eBooks for Skill Development
- Exploring Educational eBooks

14. Embracing eBook Trends

- Integration of Multimedia Elements
- Interactive and Gamified eBooks

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