

**Wound Care Procedures**

Impaired Tissue/Skin Integrity  
Assessment/Documentation  
Pressure Ulcers/Staging  
Types of Dressings/Drainage Systems

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**Wound Assessment:  
"Fresh" Post-Operative Wound**

- If the wound is covered with a dressing:
  - Physicians remove the first dressing unless otherwise ordered
- Document:
  - Where dressing is located
  - Is the dressing dry and intact?
  - If new drainage is noted, circle, time, date and monitor
  - If dressing is saturated – reinforce and then what
- Examples:
  - 0730: Dressing R hip, dry & intact C Ames RN
  - 0730: Dressing R hip, bloody drainage evident, area marked C.Ames RN
  - 0730: Dressing R hip, saturated & dripping blood. Reinforced, Dr. Kildare notified. C. Ames RN

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**Wound (Incision) Assessment**

- Size, shape, location
- Appearance –
  - wound edges approximated (together)?
  - sutures/staples intact (in place)?
  - is there redness/swelling/drainage?
- Documentation:
  - Incision R hip, 6 cm, edges well approximated, staples in place, no redness, swelling or drainage C.Ames RN
  - Incision R hip, 6 cm, open 2 cm at proximal end, thick yellow drainage from opening, remainder of incision well approximated with redness around sutures. C.Ames RN

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**Problem Situations**

- Dehiscence: separation of wound edges involving tissue below the skin.
- Evisceration: abdominal contents protrude through wound opening.
  - Evisceration is a serious complication requiring immediate intervention.

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**Surgical Wound**



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**Pressure Ulcers - Staging**

- Stage I: Defined area of persistent redness (light skin) or persistent redness/blue or purple hues (dark skin)
- Stage II: Partial thickness skin loss. Superficial. Appears as an abrasion, blister or shallow crater.
- Stage III: Full thickness skin loss involving damage or necrosis of subcutaneous tissue, may extend down to fascia. Deep crater.
- Stage IV: Full thickness skin loss with extensive destruction, tissue necrosis, or damage to muscle, bone, supporting structures. Associated with undermining and sinus tracts.
- If eschar is present, accurate staging not possible.

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**Stage II Pressure Ulcer**



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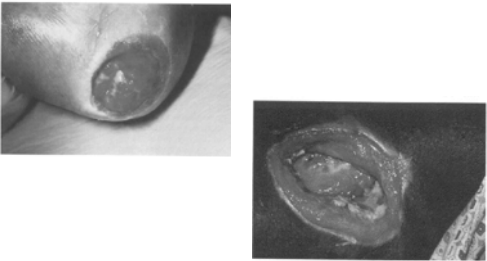
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**Stage III & IV Pressure Ulcer**



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**Rationale for Wound Care**

- Protect from mechanical injury
- Protect from microbial contamination
- Provide or maintain humidity/moisture to enhance epithelialization/wound healing
- Absorb drainage
- Splint/immobilize wound site
- Prevent premature closure of infected wound
- Debride wound site
- Apply pressure to prevent bleeding

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**Types of Dressings**

- How do I know which type to use?
- Assess!
  - purpose of dressing
  - Physician orders or preference
  - wound care Policy & Procedure for your facility
  - are there wound protocols at your facility e.g. pressure ulcer protocol
  - what are the dressing options at your facility



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**Types of Dressings**

- Most Commonly used:
  - **Transparent adhesive wound barriers:** designed for non-draining, partial thickness wounds such as skin tears, abrasions (example: Tegaderm) Advantage: allow wound observation, impermeable to bacteria, water. Can be used to protect area vulnerable to friction. Disadvantage: not recommended for infected wounds, draining wounds.
  - **Impregnated non-adherent dressings:** Advantage: permits non-traumatic removal. (example: Adaptic, Vaseline gauze) May have antibacterial properties – (example: Xeroform) Disadvantage: non-absorptive.

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**Types of Dressings**

- **Gauzes:** Advantage: highly absorptive, non – occlusive. Can be moistened for packing and debridement. Disadvantage: adhere to wound surfaces and can traumatize delicate healing tissue during removal. (Examples: 4x4's, fluffs, kerlix, NuGauze, Combine pad)
- **Hydrocolloids:** Advantage: are occlusive or semi-occlusive. Self adherent and mold well. Minimize skin trauma. Facilitate autolytic debridement. Designed for wounds such as pressure ulcers (Stage I or II). Disadvantage: opaque, wound assessment challenging. Curl up at edges. May injure fragile skin upon removal. (Example: Duoderm)

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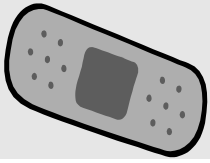
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**Securing Dressings**

- Tapes
  - paper
  - transpore
  - adhesive
- Wraps
  - gauze
  - Ace bandage
- Montgomery straps
  - designed to protect skin in setting of frequent dressing changes



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**Wound Support**



- Sutures
- Staples/clips
- Steri-strips/butterflies
- Abdominal binders: should fit snugly to support incision. Should not impair respiratory function.
- Cyanoacrylate glue

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