

SEEK & FIND: WOUND



Student Name _____ Date _____

Instructor Signature _____ Student's earned points ____/20

For each item in column A, select two different and appropriate **topical therapies**. If you choose a primary dressing that also requires a secondary dressing, be sure to identify the secondary dressing type as well in order to receive full points. This pairing (a primary with a secondary dressing) would be considered one answer. Identify each type of dressing used by category and brand name.

Answer questions in column B.

Submit to your dropbox when finished.

Use the product name & NOT the product number when completing this assignment.

Column A	Possible Points	Earned Points	Column B	Possible Points	Earned Points
Topical therapy: Category and brand name of specific product(s) to be used Example: Foam; Restore Foam with adhesive border, 4" x 4"					
Wounds with small amounts of drainage. 1. _____border or non border mepilex, _____ 2. _sterile gauze and hipafix tape _____	0.5		Any special cautions when using the chosen products? Monitor for s/s of infection, may not wish to use border mepilex if infection is present, could be argued that it may trap infection. With gauze and tape, monitor for drainage, may wish to re enforce the dressing with burn netting or kerlix	0.5	

**** This assignment may also be completed via an internet search.**

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<p>Sacral wound covered with intact eschar.</p> <p>1. _collagenase, Triad_____</p> <p>2. _____potentially crosshatch and use ____collagenase and cover with mepilex_</p>	<p>1</p>		<p>Would you change your topical therapy choice if the wound presented as boggy, odorous, draining thick exudate with a 2 cm. area of erythema surrounding the wound? If so, what actions would you initiate?</p> <p>Yes, possibly consider a silver sulfadiazine as a debridement or consider debridement, assess for infection, consider sodium hypochlorite quarter strength (Dakin's), moistend gauze and cover with ABD/tape</p>	<p>2</p>	
<p>Wounds with 90% yellow adherent slough.</p> <p>1. __ triad, and cover_____</p> <p>2. _calcium alginate_____</p>	<p>1</p>		<p>Identify two (2) actions used to prevent periwound maceration.</p> <p>1._grey orange silver impregnated sage wipes_____</p> <p>2._maintain clean dry skin, offloading and apply thin layer of aloe vista leave to air_____</p>	<p>1</p>	
<p>Type 3 skin tear.</p> <p>1. _Steri stirps_____</p> <p>2. apply adaptic and cover with mepilex_____</p>	<p>1</p>		<p>Identify at least two (2) other nursing actions to be implemented for an individual with fragile skin.</p> <p>1._no sting skin prep_____</p> <p>2._daily use of a hydrophylic_____</p>	<p>1</p>	
<p>Deep tissue injury (DTI)</p>			<p>Identify an additional nursing action for an individual with a DTI.</p>		

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<p>1. _cover it with mepilex_____</p> <p>2. _leave it open to evolve_____</p>	1		Off loading bony prominences	1	
<p>Red, granulating stage 3 sacral pressure injury with little exudate.</p> <p>1. __gently pack if able with NS moist gauze or even a small cut of Aquacel AG, cover with mepilex____or just cover it with the mepilex____, keep it clean and protected__</p> <p>2. ____hydrogel, and cover with mepilex</p>	1		<p>Identify an <u>advanced wound therapy</u> that could be used with this wound type.</p> <p>Potentially NPWT, apply track pad to the hip to avoid further pressure, make sure the foam talks to eachother. 😊, I got to do this this week!!! It was awesome, patient went home, still covid + but med ready, NPWT inplace</p>	1	
<p>Heavily draining stage 4 sacral injury.</p> <p>1. _Sodium hypochlorite quarter strength, moistened gauze, gently pack cover with ABD, tape, chane BID, and ABD when 50% saturated PRN_____</p> <p>2. _Alginate_____</p>	1		<p>Identify an appropriate support surface to use with this patient (category/brand name).</p> <p>hi low air bed, vital medical, alternating pressure</p>	1	
<p>Stage 4 ischial pressure injury, 80% granulation tissue, 20% slough with tunneling and undermining.</p> <p>1. _ Sodium hypochlorite quarter strength, moistened gauze, gently pack cover with ABD, tape, chane BID _____</p> <p>2____promagranen prisma, or iodoform/nugauze, and make sure to leave a</p>	1		<p>Identify two additional treatments (other than topical) to address with this patient.</p> <p>1. __monitor for infection, make sure they are on a high flow bed and offloaded, monitor for offloading potential for pressure, dietary__</p> <p>2. _possible for NPWT____</p>	1	

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tail to wic_____				
<p>Patient with incontinence-associated dermatitis as a result of diarrhea and urinary incontinence. Address topical skin care (cleansing and protection).</p> <p>1. cleanse with bath wipes or gentle soap and water, dry, apply __dimethicone impregnated wipes, (grey orange pack) and leave to air_____</p> <p>2. __after cleansing may apply aloe vista, or if moisture concerns could consider inter dry to the folds, leaving a wic_____would use paper chux and no brief, consider a condom cath_____</p>	1		<p>Identify two methods of containment of diarrhea.</p> <p>1. __diligent cares</p> <p>2. __bed pan if patient is aware and can let you know, could consider a fecal incontinence device, however those are invasive and seem to cause more skin concerns.</p> <p>_____</p>	1
<p>Venous insufficiency ulcer with large volume of drainage</p> <p>1. may cover with single layer of Xeroform gauze, ABD and wrap with kerlix/tape or secure with burn netting, change BID and ABD as needed for saturation 50%__ assess for coagulated serous drainage, gently tease away, then cover, can use xtra sorb dressings, but they are expensive if changing all the time_____</p> <p>2. __ potentially a foam dressing, stasis dermatitis is present, consider triamcinolone topical for a couple weeks</p>	1		<p>Identify two (2) other areas to be addressed for the patient with a venous insufficiency ulcer.</p> <p>1. __ABIs to assess for compression, even light Tubi grips,</p> <p>2. __ assess for HF, fluid overload and medication management__teaching about dietary and dressing changes, and elevating feet, assess for compliance_____</p>	1

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