

SEEK & FIND: WOUND



Student Name Cherisse Clarke _____ Date 07/08/2021 _____

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. Foam:Mepilex w/ Silicone border 3"x3" 2. Gauze: Telfa non adherent absorbent dressing, tape	0.5		Any special cautions when using the chosen products? Patient allergies to the materials in the products. Oxidizing agents such as hydrogen peroxide and hypochlorite solutions should not be used with Mepilex dressings. Telfa dressings should not be used on wounds with large amounts of exudates as it may cause maceration and/or inflammation.	0.5	

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

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<p>Sacral wound covered with intact eschar.</p> <ol style="list-style-type: none"> 1. Collagenase: Santyl, wet to dry gauze, absorbent pad, tape. The eschar can be cross hatched to allow for penetration of the collagenase ointment. 2. Hydrocolloid: Exuderm 4"x4" 	<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>I would not use the hydrocolloid dressing, instead I would request a surgical consult and apply iodisorb gel covered with dry gauze or an absorbent pad until the patient is seen by surgery. I may also opt to use Santyl with ¼ strength Dakins wet to dry if there is signs of infection. Santyl is compatible with dilute sodium hypochlorite.</p>	<p>2</p>	
<p>Wounds with 90% yellow adherent slough.</p> <ol style="list-style-type: none"> 1. Hydrophilic: Triad paste, cover with dry gauze and secure with paper tape. 2. Alginate: Calcium alginate to wound bed covered with a silicone foam dressing with adhesive borders. 	<p>1</p>		<p>Identify two (2) actions used to prevent periwound maceration.</p> <ol style="list-style-type: none"> 1. Apply skin protectant Marathon to periwound area 2. Increase frequency of dressing change and use a more absorbent outer dressing if needed. 	<p>1</p>	
<p>Type 3 skin tear.</p> <ol style="list-style-type: none"> 1. Silicone: Mepitel 2"x3" dressing covered with non adherent gauze, wrapped with rolled gauze and tape secured to gauze and not directly to the skin. 	<p>1</p>		<p>Identify at least two (2) other nursing actions to be implemented for an individual with fragile skin.</p> <ol style="list-style-type: none"> 1. Moisturize daily and avoid adhesives by using kling or wraps. 	<p>1</p>	

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<p>2. Non Adhering: Petroleum based Adaptic secured with rolled gauze and secured with tape to the gauze. A foam dressing such as polymem can be used and secured with paper tape.</p>			<p>2. Apply BUE sleeve to patient along with staff education.</p>		
<p>Deep tissue injury (DTI)</p> <p>1. Foam: Mepilex Silicone Border</p> <p>2.</p>	1		<p>Identify an additional nursing action for an individual with a DTI. Offloading and repositioning patient every 2 hours.</p>	1	
<p>Red, granulating stage 3 sacral pressure injury with little exudate.</p> <p>1. Foam: Polymem WIC cavity filler 3"x3" and absorbent pad secured with Mefix or paper tape.</p> <p>2. Hydrogel impregnated dressing: Suprasorb G Hydrogel sheet 4"x4" can be conformed into dead space, covered with an absorptive pad and secured with tape.</p>	1		<p>Identify an <u>advanced wound therapy</u> that could be used with this wound type. Application of NPWT</p>	1	
<p>Heavily draining stage 4 sacral injury.</p> <p>1. Hydrofiber: Aquacel AG packed in the wound and covered with an absorptive pad and tape.</p> <p>2. Alginate: Calcium alginate Absorbent: Exu Dry</p>	1		<p>Identify an appropriate support surface to use with this patient (category/brand name). Low air loss or air fluidized mattress</p>	1	
<p>Stage 4 ischial pressure injury, 80% granulation tissue, 20% slough with tunneling</p>	1		<p>Identify two additional treatments (other than topical) to address with this patient.</p>	1	

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<p>and undermining.</p> <p>1. Foam: Polymem WIC silver foam cavity filler. Foam: Polymem WIC cavity filler and absorbent pad</p> <p>2. Hydrofiber: Aquacel AG ribbon dressing and absorbent pad.</p>			<p>1. Dietitian referral for supplements to optimize wound healing.</p> <p>2. Moisture control and offloading</p>		
<p>Patient with incontinence-associated dermatitis as a result of diarrhea and urinary incontinence. Address topical skin care (cleansing and protection).</p> <p>1. Cleanser: Coloplast bedside ph balanced, no rinse incontinence cleanser and body wash. Moisture barrier: Sensi care clear zinc skin protectant</p> <p>2. Cleanser: Sage comfort bath wipes, ph balanced, rinse free Moisture Barrier: Sage comfort shield wipes</p>	1		<p>Identify two methods of containment of diarrhea.</p> <p>1. Fecal incontinence device Flexiseal</p> <p>2. Hollister drainable fecal incontinence collector with tapered skin barrier.</p>	1	
<p>Venous insufficiency ulcer with large volume of drainage</p> <p>1. Absorbent: Eclipse boot super absorbent leg wraps dressing. This is a disposable boot that wicks away moisture and forms a gel when it comes in contact with large amounts of exudates. The outer layer is water resistant. Compression: Tubigrip</p>	1		<p>Identify two (2) other areas to be addressed for the patient with a venous insufficiency ulcer.</p> <p>1. Educate patients on the following: Elevate legs on a daily basis. Exercise such as walking and foot pumps after compression is applied. Consume a healthy low sodium</p>	1	

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<p>2. Absorbent: Dyna-flex multilayer compression wrap. The first layer of the Dyna-flex wrap is absorptive, however a layer of calcium alginate prior to applying the compression wrap will help control the large volume drainage.</p>			<p>diet.</p> <p>2. Patient education regarding the importance of compliance with compression wraps and appropriate frequency of dressing changes based on drainage and presence of open wounds.</p> <p>3. Vascular Consult</p>		
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