

SEEK & FIND: WOUND



Student Name Audra Belden Date 9/20/21

Instructor Signature Mike Klements Received 9/20/21 Reviewed 9/24/21 Student's earned points 14.25/20

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
<u>Topical therapy:</u> Category and brand name of specific product(s) to be used Example: Foam; Restore Foam with adhesive border, 4" x 4"					

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<p>Wounds with small amounts of drainage.</p> <ol style="list-style-type: none"> 1. Hydrocolloid; Duoderm ConvaTec size dependent on wound size does not require secondary dressing. 2. Hydrogel; Small amount of skintegrity hydrogel Medline on wound bed- primary dressing with bordered gauze Medline secondary dressing. 	<p>0.5</p>	<p>0.5</p>	<p>Any special cautions when using the chosen products?</p> <ol style="list-style-type: none"> 1. Ensure hydrocolloid is touching the wound bed. If there is depth to the wound, you can cut in a spiral to shape into the wound bed. Must be kept in place for 2-3 days for best results, not appropriate for daily dressing changes. Remember when hydrocolloid breaks down, it may look and smell like purulent drainage/infection - cleanse wound prior to documentation of drainage and smell. <i>Just a note: Be careful with the word "ensure" in any medical writing – it implies you are present throughout.</i> 2. Assess wound every other day to ensure it is not becoming too moist and wound edges are not macerating. May also use an infused gauze such as xeroform as primary dressing to keep wound bed moist and provide some antimicrobial protection. 	<p>0.5</p>	<p>0.5</p>
<p>Sacral wound covered with intact eschar.</p> <ol style="list-style-type: none"> 1. Anti-microbial: Betadine swab (Medline) wound edges, leave OTA with positional changes and offloading to - this is a palliative / comfort option 2. Autolytic debridement: Soften with medi 	<p>1</p>	<p>0.75</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 - this wound is showing signs of</p>	<p>2</p>	<p>0.5</p>

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<p>honey gel Medline (This can be a primary dressing covered with foam as secondary (Allevyn Sacral or hydrocolloid without the need for a secondary dressing (Medline exuderm satin sacral dressing/ Tegaderm hydrocolloid sacral). Soften Eschar in prep for mechanical debridement. This would be appropriate for the ambulatory patient that acquired the injury while in ICU or post-operatively <i>There is something that needs done prior to the initiation of this</i></p>			<p>infection - erythema, odor, thick exudate. It is not appropriate to keep the eschar intact as there are deeper structures involved. I would consult primary for an X-ray to determine possible osteomyelitis. Depending on the size of the area of eschar, it may be prudent to remove with sharp or surgical debridement - this would depend on the patients condition, comorbidities, medications, etc. Use antibiotic topically (<i>is this EBP?</i>) until wound bed is observable, perform wound culture once eschar has been debrided. <i>Is there a specific dressing regime you would initiate here? Are any further consults warranted here?</i></p>		
<p>Wounds with 90% yellow adherent slough.</p> <ol style="list-style-type: none"> 1. Mechanical debridement; Debrisoft-mechanical debridement wand or pad cover with appropriate dressing. To encourage continued autolytic debridement use hydrocolloid duoderm ConvaTec - no need for secondary dressing, or an alginate Aquacel xtra (ConvaTec) if there is some concern about bleeding as primary, covered with non-woven gauze ABD kerlix (Kendall) tape in place - a bordered gauze (Medline) would also be appropriate as a secondary dressing. 2. Enzymatic; Medi- honey alginate (Medline) or collgense (santyl) as primary debridement covered with foam dressing as secondary. 	<p>1</p>	<p>1</p>	<p>Identify two (2) actions used to prevent periwound maceration.</p> <ol style="list-style-type: none"> 1. Cut primary dressings to fit in wound bed avoiding healthy skin of peri-wound 2. Use a skin barrier such as; sure prep, cavilon or Skin-Prep. 	<p>1</p>	<p>1</p>

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<p>Type 3 skin tear.</p> <ol style="list-style-type: none"> Contact layer; Adaptic (Acelity) or xeroform (coviden) as primary, covered with non-woven gauze, kerlix (Kendall) tape in place - If patient skin is not fragile may use a Tegaderm (3M) as secondary dressing. Place an arrow on the Tegaderm pointing the direction it is to be removed if there is a skin flap underneath. Hydrocolloid; Duoderm extra thin by ConvaTec. 	<p>1</p>	<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"> Use of slide sheets - such as comfort glide Do not pull patients by arms or legs when transferring - careful use of adaptive equipment such as gait belts, lifts, wc, etc. when transferring. Pad bedrails. <p><i>These are all use of adaptive equipment, any other interventions?</i></p>	<p>1</p>	<p>0.5</p>
<p>Deep tissue injury (DTI)</p> <ol style="list-style-type: none"> Offload and elevate - absolutely no pressure- Reposition q 2hrs HOB in lower position to reduce risk of shearing <p><i>select two different and appropriate topical therapies for this column.</i></p>	<p>1</p>	<p>0</p>	<p>Identify an additional nursing action for an individual with a DTI.</p> <p>If fluid filled - leave intact.</p> <p>Order nutritional consult to ensure adequate protein calorie intake</p> <p>Monitor for break in skin and treat accordingly.</p>	<p>1</p>	<p>1</p>
<p>Red, granulating stage 3 sacral pressure injury with little exudate.</p> <p>Keep wound bed moist and granulating with:</p> <ol style="list-style-type: none"> Protease modulating matrix; Promogran - Prisma (Systagenix) as primary, cover with secondary sacral foam dressing (Allevyn) 	<p>1</p>	<p>0.75</p>	<p>Identify an <u>advanced wound therapy</u> that could be used with this wound type.</p> <p>This wound may be a candidate for Negative pressure wound therapy.</p> <p><i>Yep!</i></p>	<p>1</p>	<p>1</p>

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<p>2. Vaseline infused gauze: UrgoTul (Urgo Medical) or Adaptic (Acelity) as primary covered with secondary sacral foam (Allevyn)</p> <p><i>Consider variation of secondary dressing as well.</i></p>					
<p>Heavily draining stage 4 sacral injury.</p> <p>1. Alginate; Aquacel Ag+ (ConvaTec) as primary with Allevyn Sacral secondary</p> <p>3. Hydrophillic; Triad gel (Coloplast), impregnate gauze - fluff n fill wound bed - and any undermining as primary dressing cover with secondary Allevyn sacral foam dressing.</p>	1	1	<p>Identify an appropriate support surface to use with this patient (category/brand name).</p> <p>Alternating pressure and low air loss mattress such as Drive Mediaire, 5" or 8" thickness.</p> <p>Air Fluidized : Clinitron® Rite Hite® Air Fluidized Therapy Bed</p>	1	1
<p>Stage 4 ischial pressure injury, 80% granulation tissue, 20% slough with tunneling and undermining.</p> <p>1. Honey infused alginate; Medline Medihoney alginate as primary - this can be cut to fit in the undermining and wound bed, place a gauze packing strip (Curad) loosely in the tunnel with a 1" tail covered with secondary Allevyn foam dressing</p> <p>2 Hydrophillic; Triad by coloplast, coat gauze packing strip and loosely pack tunnel and wound bed with gauze infused with Triad -</p>	1	0.75	<p>Identify two additional treatments (other than topical) to address with this patient.</p> <p>1. Negative pressure wound therapy if not infected or no bone visible. <i>NPWT is a topical therapy.</i></p> <p>2. Hyperbaric Oxygen therapy <i>HBO is also a topical therapy – often used off label.</i></p>	1	0

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<p>including in undermined space as primary, Secondary Allevyn foam dressing <i>These both utilize the same secondary dressing, is there an alternative?</i></p> <p><i>Do be careful with triad gel in general with complex wounds, as it is contraindicated in a wound with infection.</i></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. Cleanse with ph balanced no rinse bathing wipes (Medline), apply stoma powder (karaya-Hollister) and skin barrier (cavilon wipe) to affected area. I also like dimehicone 2% cream - thinly applied</p> <p>2. Cleanse with ph balanced no rinse bathing wipes (Medline), apply non-cytotoxic cyanoacrylate-based monomer (Marathon by Medline)</p> <p><i>These are both skin sealants – any other type of intervention?</i></p>	1	0.5	<p>Identify two methods of containment of diarrhea.</p> <p>1. Fecal pouching; Hollister fecal collection bag</p> <p>2. Fecal management system; Flexiseal by ConvaTec</p>	1	1
<p>Venous insufficiency ulcer with large volume of drainage</p> <p>1. Peri wound Skin barrier; Karaya powder (Hollister) & Cavilon prep pad Wound bed; purachol plus (Medline) as</p>	1	1	<p>Identify two (2) other areas to be addressed for the patient with a venous insufficiency ulcer.</p> <p>1. Review PMH for co-morbidities or ss of mixed arterial / venous</p>	1	0.5

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<p>primary with non adherent foam secondary optifoam silicone non bordered (Medline), wrapped with kerlix (Kendall) and coban</p> <p>2. Peri wound Skin barrier; apply non-cytotoxic cyanoacrylate-based monomer (Marathon by Medline). Wound bed: Opticel absorbant sheet Medline as primary dressing, wrap with two layer compression wrap Medline or 3M.</p>			<p>insufficiency to ensure correct tx - evaluate for ABI <i>This is a diagnostic test needed prior to the initiation of any tx here, is there another component to consider regarding wound healing?</i></p> <p>2. Elevate, Elevate, Elevate :)</p>		
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****Submit completed project to your dropbox**

Hi Audra, I've included some notes throughout this assignment. This submission was missing some important information regarding some of the prompts. Please update/revise answers based on feedback above. This assignment does need an 80% or higher to qualify as a satisfactory submission.

A couple of hints: Make sure you're describing two different types of treatment where applicable. Consider non-topical interventions, such a nutrition and education when providing alternatives. No worries, just resubmit to the drop box whenever you are ready, and of course, reach out if you have any questions or need further clarification! -Mike

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