SEEK & FIND: WOUND

Cleveland Clinic

Student Name: Therese Tapajna Date: 10/16/22

Instructor Signature Patricia A. Slachta 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.

You have some good ideas throughout the document. Consider some of the information I inserted. Since this is not at the 80% grade, you have the opportunity to resubmit by Sunday 10/16 (you will lose 1 point for the re-submission).

Column A **Topical therapy: Category and brand name of specific product(s) to be used** **Example: Foam; Restore Foam with adhesive border, 4" x 4"**	**Possible Points**	**Earned Points**	**Column B**	**Possible Points**	**Earned Points**
Wounds with small amounts of drainage. 1. Collagen; Biostep collagen dressing 2x2 cut in shape of wound Secondary - Transparent film; 3M Tegaderm Film 1626W 4x4 3/4th 2. Hydrocolloid; Replicare Thin hydrocolloid dressing 2x2 ¾ - With both dressing I would cleanse the wound first with normal saline and	0.5		Any special cautions when using the chosen products? 1. Collagen dressings can be used on infected wounds but are not recommended for use on necrotic wounds or third-degree burns. The Biostep brand states that the wound bed should be moistened before applying it to dry wounds with minimal exudate. Can be changed daily or left on for up to	0.5	

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

apply liquid skin barrier to protect the peri wound skin; DermaPrep Liquid Barrier Skin Protectant			6 days depending on the exudate level. Tegaderm dressings should be removed with care to prevent trauma to the skin. To release the adhesive stretch it gently parallel with skin and then remove. Adhesive removal is also recommended. Liquid skin barrier prior to application can also help protect the skin from MARSI. The peri wound skin must be dry for application. 2. Not indicated for third-degree burns, individuals with fragile peri wound skin, infected wounds, heavy exudate, exposed tendons, or sinus tracts. The dressing is transparent so the wound can be observed without removal. It is waterproof and can be worn during showers or baths. 1 inch of dry and intact peri wound skin must be present for application. Placing warm hands on the dressing and applying gentle pressure helps the dressing adhere to peri wound skin and conform to the wound. Pushing away the skin and using adhesive remover while lifting the dressing helps prevent MARSI. Liquid skin barrier prior to application can also help protect the skin. When the dressing is removed		

			assessments should be performed after the wound is cleaned. The gel has an appearance and odor that is similar to an infected wound.		
Sacral wound covered with intact eschar. Dressings to promote autolytic debridement 1. Transparent film; Tegaderm Hp 4 X 4 1/2 Sacral 50/bx 2. Hydrogel; Cardinal Health ReliaMed HG44 Non-Adherent Hydrogel Sheet Dressing 4x4 cut in shape of wound Secondary- Transparent film; 3M Tegaderm Film 1626W 4x4 3/4th - With both dressing I would cleanse the wound first with normal saline and apply liquid skin barrier to protect the peri wound skin; DermaPrep Liquid Barrier Skin Protectant	1		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? Infection usually requires surgical intervention and antibiotics. Surgical or CSWD are recommended for infected wounds with eschar. If surgical debridement is contraindicated in the patient enzymatic debridement would be my choice. I would recommend wound culturing and antibiotic therapy to the MD. 1. Crosshatch eschar so collagenase can penetrate the wound. 2. Apply liquid skin barrier; DermaPrep Liquid Barrier Skin Protectant. 3. Apply Enzymatic Debridement Agent; Collagenase SANTYL Ointment 250 u/gram 2mm thick. 4. Lightly fill with normal saline moistened gauze; Curity Gauze Sponge - 4 inch x 4 inch, 12-ply,	2	

			Sterile 5. Secondary -Foam cover dressing; Smith & Nephew Allevyn Gentle Border Sacral Adhesive Silicone Foam Dressing with Border Sterile 8.5x9 inch		
Wounds with 90% yellow adherent slough. 1. Surfactant; Plurogel Wound and Burn Dressing Secondary - Composite cover dressing; Covrsite Secondary Composite Dressing 4x4 2. Enzymatic Debridement Agent; Collagenase SANTYL Ointment 250 u/ gram 2mm thick. Lightly fill with fluffed normal saline moistened gauze; Curity Gauze Sponge - 4 inch x 4 inch, 12-ply, Sterile Secondary - Foam cover dressing; McKesson Hydrocellular Foam Dressing - Bordered Silicone Adhesive 4x4. - With both dressing I would cleanse the	1		Identify two (2) actions used to prevent periwound maceration. 1. Application of liquid skin barrier; StingFree™ Alcohol-Free Liquid Skin Prep & Shield 2. Dressing selection that appropriately manages exudate 3. Dressing changes at appropriate intervals 4. Managing underlying condition causing heavy exudate. E.g. Antibiotics for an infected wound 5. Moisture wicking dressing	1	

wound first with normal saline and apply liquid skin barrier to protect the peri wound skin; DermaPrep Liquid Barrier Skin Protectant					
Type 3 skin tear. 1. Nonadherent foam dressing; Molnlycke Health Care Mepilex Lite Thin Foam Dressing - 2.4 inch x 3.4 inch. Secondary – Elastic net dressing; CURAD Stretch Tubular Elastic Dressing Retention Nets 6" x 25 yd. 2. Derma Sciences Medihoney Honeycolloid Dressing - Non-Adhesive 4x5 inch, cut to fit inside wound margins Secondary – Non-adherent low absorption pad/cover dressing; Telfa - Non-Adherent Dressing 3x4 Kerlex roll; Covidien Kerlix Gauze Bandage Rolls 3.4" x 3.6yd, 6ply, Medium, Sterile, secured with tape - Wound should be cleaned prior to application with normal saline	1		Identify at least two (2) other nursing actions to be implemented for an individual with fragile skin. 1. When adhesives are necessary identifying the lowest adhesion level necessary for securement. Silicone tape is a good choice for individuals with fragile skin. 2. Gentle removal of adhesives. E.g., Remove at a low angle and slowly. Support the skin by the tape interface. Use of adhesive removers. Stretch and release technique when removing transparent films. Overall, avoidance of adhesives when possible is key. There are many alternatives such as tubular elastic dressings, self-adherent bandages, and abdominal dressing holders. 3. Gentle technique when assisting patients up and moving patients. Use of lift sheets. 4. pH-balanced no rinse cleansers 5. Moisturizing skin twice a day with creams	1	
Deep tissue injury (DTI)			Identify an additional nursing action for		

1. Multilayer foam; Mepilex Border Sacrum Foam Dressing with Adhesive - 8.7 inch x 9.8 inch 2. Skin barrier; DermaPrep Liquid Barrier Skin Protectant over the area	1		an individual with a DTI. - Turning and repositioning the patient. - Offloading the area with DTI. - Adequate nutrition.	1	
Red, granulating stage 3 sacral pressure injury with little exudate. 1. Impregnated hydrogel gauze; Covidien Kendall Hydrogel Impregnated Gauze Strip - 1 inch x 36 inch packing strip Secondary- Composite Cover dressing; McKesson Barrier Island Dressing - 4" x 4" 2. **Hydrocolloid paste; Granuflex** Paste on wound bed Lightly fill with gauze; DeRoyal Fluftex Gauze Roll dampened with normal saline 3.4” x 4.6” Secondary- Composite cover dressing; Covrsite Secondary Composite Dressing 4x4”	1		Identify an advanced wound therapy that could be used with this wound type. - Myocutanous flap	1	

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

- With both dressing I would cleanse the wound first with normal saline and apply liquid skin barrier to protect the peri wound skin; DermaPrep Liquid Barrier Skin Protectant					
Heavily draining stage 4 sacral injury. 1. Alginate rope; Coloplast Biatain Alginate Ag Dressing with Silver – 17.5 inch Rope, Sterile Secondary - Foam; Molnlycke Health Care Mepilex Border Sacrum Foam Dressing with Adhesive - 7.2 inch x 7.2 inch 2. Foam dressing; Lightly fill with Hydrofera Blue Classic antibacterial heavy drainage dressing 4” x 4” Skin Barrier; DermaPrep Liquid Barrier Skin Protectant Secondary – Foam cover dressing; Hydrofera Blue READY-Border 4”x4” - Wound should be cleaned prior to application with normal saline	1		Identify an appropriate support surface to use with this patient (category/brand name). Hillrom Envella Air Fluidized Therapy Bed	1	

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

Stage 4 ischial pressure injury, 80% granulation tissue, 20% slough with tunneling and undermining. 1. Moderate /Heavy exudate wound: Alginate rope for tunneling and undermining; Derma Sciences MEDIHONEY Calcium Alginate Dressing Rope ¾" x 12" Medihoney alginate Filler; Derma Sciences MEDIHONEY Calcium Alginate Dressing Rope ¾" x 12" Secondary -Foam cover dressing; Smith & Nephew Allevyn Life Foam Dressing 4x4 2. D**ry/Low exudating wound** Gauze for tunneling and undermining; Curity 1/2 Inch x 5 yds Plain Packing Strips. Wet with normal saline and apply INTRASITE Gel Gauze Filler; Medline Bulkee Lite Cotton Gauze Bandage Roll dampened with normal saline 4" x 4”	1		Identify two additional treatments (other than topical) to address with this patient. 1. Electrical stimulation 2. Low-frequency noncontact ultrasound 3. Proper nutrition with a focus on protein, Vit A, Vit C, and zinc 4. Stress reduction techniques 5. Pain management 6. Strict glycemic control if the patient is diabetic 7. Pressure redistribution	1	

and apply INTRASITE Gel Secondary – Composite cover dressing; Covrsite Secondary Composite Dressing 4x4 (designed to be changed daily and for use with gels) - With both dressing I would cleanse the wound first with normal saline and apply liquid skin barrier to protect the peri wound skin; Medline SurePrep Rapid Dry No-Sting Barrier Film 3 ml Wand					
Patient with incontinence-associated dermatitis as a result of diarrhea and urinary incontinence. Address topical skin care (cleansing and protection). 1. pH balanced cleanser; Coloplast Bedside-Care Foam No-Rinse Foam Body Wash, Shampoo and Incontinence Cleanser Ointment; Lantiseptic Skin Protectant 12 oz jar 2. pH balanced cleanser; Cardinal Health Bathing Wipes	1		Identify two methods of containment of diarrhea. 1. Fecal management system; Fecal Management System Kit Flexi-Seal® SIGNAL™ FMS 2. Pouching system; CR Bard FCD Fecal Containment Device with Solution - Fecal Collection Bag, Adhesive Solution -I would inform the MD that pouching method is most effective when attached to bedside drainage -This is a temporary solution.	1	

Ointment; PROSHIELD Plus Skin Protectant			Identification and management of the cause of diarrhea is key. Depending on the cause the patient may need a special diet and/or **a**ntidiarrheal medications		
Venous insufficiency ulcer with large volume of drainage 1. Alginate; Coloplast Biatain Alginate Ag Dressing with Silver - 4 inch x 4 inch Secondary -Foam; Coloplast Biatain Soft-Hold Non-Adherent Foam Dressing - 6" x 6" Absorbent padding; Convatec SurePress Absorbent Padding - 4" x 3.2 yds- Elastic wrap; Becton Dickinson Ace Bandage - 6" wide with E-Z clips, One bandage 2. Foam; Simpurity Foam Ionic Silver Wound Dressing 4x5” 4-layer elastic bandage; Smith & Nephew Profore Four Layer Bandage System (1. Naturally Padded Bandage, 2. Light Conformable Bandage, 3. Light Compression Bandage and 4. Cohesive Compression Bandage)	1		Identify two (2) other areas to be addressed for the patient with a venous insufficiency ulcer. 1. Elevation 2. Rule out arterial insufficiency before applying compression utilizing ABI testing 3. Use of intermittent pneumatic compression (IPC) devices when compression wrapping isn’t tolerated 4. Encouraging exercise to promote venous return secondary to muscle contraction 5. Compression	1	

Patient can be fit for a compression stocking after edema has decreased - With both dressing I would cleanse the wound first with a mild cleanser; Vashe Wound Solution, and apply skin barrier to the periwound skin to prevent MASD; Dynarex Zinc Oxide Ointment					

**Submit completed project to your dropbox