

**SEEK & FIND: WOUND**



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Instructor Signature \_\_\_\_\_ Student's earned points \_\_\_\_/20

This assignment is intended to help you become familiar with some of the products used when providing wound care. : It is not uncommon for WOC nurses to be asked for treatment recommendations with little wound information and for unseen wounds. These recommendations are based upon knowledge of wound dressing categories and matching them to wound characteristics. This assignment helps to mimic this situation.

Carefully read the information to help you identify the products that meet the descriptions being provided. The products should be those considered as a topical therapy/wound dressing. Advanced wound therapy options, such as NPWT and collagen, should only be identified when indicated.

**Column A:** For each wound type or scenario, identify two different categories/classifications (foam, hydrocolloid, transparent film, etc) of topical therapy. A complete answer identifies the dressing classification, a specific product name and manufacturer, and the secondary dressing if indicated. The inclusion of the primary and secondary dressing is considered a complete answer. For example: Hydrofiber covered by a hydrocolloid: Aquacel (Convatec) covered by a Duoderm (Convatec). Use the product name & NOT the product number when completing this assignment.

**Column B:** Either identifies additional information related to the wound and mini case scenario in Column A OR asks other wound care related questions Answer the questions.

<b>Column A Topical therapy</b>	<b>Possible Points</b>	<b>Earned Points</b>	<b>Column B</b>	<b>Possible Points</b>	<b>Earned Points</b>
Wounds with scant to small amounts of drainage.  1. Coloplast Hydrogel Wound dressing  2. 3M Tegaderm Hydrocolloid Thin dressing	0.5		Identify special precautions/considerations for each of the chosen products in Column A?  Product 1. Not recommended for moderate to heavy exudate wounds, or wounds with undermining tracts or fragile, irritated skin  Product 2. Can limit gas exchange within the wound environment due to occlusive	0.5	

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			properties.		
<p>Sacral wound covered with 100% intact eschar.</p> <ol style="list-style-type: none"> <li>1. Anasept Antimicrobial Skin and Wound Gel</li> <li>2. 3M Tegaderm Hydrocolloid Thin dressing 4 x 4</li> </ol>	1		<p>The sacral wound (Column A) now presents as boggy and odorous, draining thick exudate and has a 2 cm area of erythema surrounding the wound.</p> <ol style="list-style-type: none"> <li>1. Would this assessment change your topical therapy choice? <ul style="list-style-type: none"> <li>• Yes, the concern would now be if there is an infection due to signs and systems of inflammation.</li> </ul> </li> <li>2. If yes, what would be your new topical treatment? <ul style="list-style-type: none"> <li>• New treatment plan would consist of a primary and secondary dressing such as Biatain Alginate Ag Dressing and Biatain Adhesive Foam Dressing</li> </ul> </li> <li>3. Are there any other actions would you perform or initiate as part of the plan of care? <ul style="list-style-type: none"> <li>• I would initiate dressing changes more frequently, either every other day or daily depending on the amount of exudate.</li> </ul> </li> </ol>	2	

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<p>Wounds with 90% yellow adherent slough.</p>  <ol style="list-style-type: none"> <li>1. Primary dressing: Coloplast Triad Hydrophilic Wound Dressing</li> <li>2. Secondary dressing: Coloplast Biatain Adhesive Foam Dressing</li> </ol>	1		<p>Identify two (2) <u>different actions</u> used to prevent peri wound maceration.</p> <ol style="list-style-type: none"> <li>1. Using appropriate barrier products such as creams, ointments with Zinc and Vaseline based frequently.</li> <li>2. Applying a Skin barrier protectant such as 3M Cavilon No Sting Barrier Film</li> </ol>	1	
<p>Type 3 skin tear.</p>  <ol style="list-style-type: none"> <li>1. Coloplast Biatain Contact Layer</li> <li>2. Coloplast Biatain Silicone Lite Foam Dressing</li> </ol>	1		<p>Identify at least two (2) nursing actions, not topical wound treatments, to be implemented for an individual with fragile skin.</p> <ol style="list-style-type: none"> <li>1. Changing the pt. position more frequently and turning</li> <li>2. Adequate hydration and nutrition</li> </ol>	1	
<p>Deep tissue pressure injury (DTPI)</p> <ol style="list-style-type: none"> <li>1. Use Convatec DuoDerm Extra Thin dressing</li> <li>2. Use 3M Cavilon No Sting Barrier Film</li> </ol>	1		<p>Both of these pictured dressings are from the same classification. Identify the classification/category and the implication for use.</p>  	1	

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<p>Spray or Wipe and cover with a 3M Tegaderm Transparent Film Dressing</p>			<p>Classification Hydrofera Blue Antibacterial/Antimicrobial Dressing and Allevyn Life Foam Sacral Dressing</p> <p>Use: Assists in formation of epithelialized tissue by removing and wicking exudate and debris from wound bed. The Allevyn life foam dressing absorbs exudate and used for protection of various wounds.</p>		
<p>Red, granulating stage 3 sacral pressure injury with little exudate.</p> <p>1. Medline Puracol Plus Wound Dressing</p> <p>2. Allevyn Life Foam Sacral Dressing</p>	<p>1</p>		<p>Identify an appropriate support surface (category/brand name) to use when pressure injuries are present.</p> <ul style="list-style-type: none"> <li>Hill-Rom Advanta 2 Med Surg Bed- has a weight based pressure redistribution and advanced microclimate management to prevent pressure injuries.</li> </ul>	<p>1</p>	
<p>Partial thickness wound with moderate amounts of drainage.</p> <p>1. Convatec Aquacel Dressing with Hydrofiber</p> <p>2. Allevyn Life Foam Dressings</p> <hr/>	<p>1</p>		<p>Identify the classification/category for each pictured dressing.</p> <p>1.</p> <div data-bbox="1136 1079 1354 1187"> </div> <p>Hydrofiber sheet and Alginate</p> <p>2.</p> <div data-bbox="1136 1292 1234 1391"> </div> <p>Impregnated Gauze</p>	<p>1</p>	

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<p>Stage 4 ischial pressure injury, 80% granulation tissue, 20% slough with tunneling and undermining.</p> <ol style="list-style-type: none"> <li>1. McKesson Medihoney</li> <li>2. Coloplast Biatain Alginate Ag Rope</li> </ol>	<p>1</p>		<p>Identify two additional treatments (other than topical) to address with this patient.</p> <ol style="list-style-type: none"> <li>1. Sharps debridement</li> <li>2. Starting Antibiotic treatment</li> </ol>	<p>1</p>	
<p>Patient with incontinence-associated dermatitis as a result of diarrhea and urinary incontinence. Address topical skin care.</p> <p>Cleansing: Can use Coloplast Sea-Cleans Wound Cleanser or Coloplast Bedside-Care Foam (No-rinse)</p> <p>Protection: Coloplast Baza Protect Cream- forms a protectant seal over the skin to reduce loss of water from the dermal layer.</p>	<p>1</p>		<p>In addition to BWAPs, there are additional methods of diarrhea containment. Identify two other methods.</p> <ol style="list-style-type: none"> <li>1. Pad or protect the bed with under pads</li> <li>2. Fecal management system</li> </ol>	<p>1</p>	
<p>Identify topical dressings for lower extremity venous ulcers with large amounts of wound drainage.</p> <ol style="list-style-type: none"> <li>1. Coloplast Biatain Alginate Ag Dressing</li> <li>2. McKesson Medihoney (active leptospermum, helps stalled wounds and maintain a moist wound healing environment.</li> </ol>	<p>1</p>		<p>Identify two (2) other areas to be addressed in the plan of care for the patient with a lower extremity venous ulcer.</p> <ol style="list-style-type: none"> <li>1. Ankle Brachial Index</li> <li>2. Leg elevation and Compression Therapy</li> </ol>	<p>1</p>	

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