



BASIC WOUND CARE

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THE SKIN

- The skin is divided into two components: the epidermis and dermis
- The epidermis consists of five layers, is avascular, and is in a state of constant renewal
- The dermis, which is underneath the epidermis, is highly vascularized, consists of two layers, and is composed of two layers



PHASES OF WOUND HEALING

- There are four phases of wound healing:
 - Hemostasis
 - Inflammation
 - Proliferation
 - Maturation
- Tissue repair occurs via regeneration of damaged skin and/or connective tissue repair and scar formation



ACUTE VS. CHRONIC WOUNDS

- An acute wound can be described as a wound that heals in an expected and timely manner
- A chronic wound does not progress through the stages of wound healing in this way
- There are many other causes that impair wound healing which can be categorized into intrinsic and extrinsic factors
- Intrinsic factors include:
 - Age
 - Immunosuppression
 - Chronic disease
 - Pain
 - Psychological distress



WOUND ASSESSMENT

- A comprehensive wound assessment should be completed by those with increased knowledge and training
- An initial assessment establishes the baseline data of a wound
- The wound care nurse must assess:
 - Etiology
 - Overall health status
 - Wound history and severity
 - Wound status



WOUND ETIOLOGY

- Wounds can be the result of trauma, surgery, infection, or some type of disease process
- The wound care nurse can search for different etiologic clues
- The wound history also includes duration and past treatment of the wound
- Wound severity is the depth of tissue involvement which is then used to classify the wound



REVIEW OF SYSTEMS

- A patient history is collected by an interview with the patient
- A more focused history and assessment includes:
 - Nature of the wound
 - Wound-related pain
 - Current medications
 - Lifestyle factors
 - Psychological and nutritional status
 - Living environment
 - Support system



WOUND STATUS

- Location
- Wound shape
- Wound size
- Appearance of the wound edges
- Presence of undermining and/or tunneling
- Necrosis
- Exudate
- Periwound skin



TIME

- Basic wound care involves creating a stable wound bed
- TIME stands for:
 - Tissue
 - Inflammation/infection
 - Moisture imbalance
 - Epithelial edge advancement



TOPICAL TREATMENT

- If the wound has a high amount of moisture or exudate, an absorbent dressing should be used
 - Alginates
- If a wound is infected, an antimicrobial wound dressing should be utilized
 - Honey
- if a wound requires non-surgical debridement for removal of necrotic tissue, a topical debriding agent should be used
 - Collagenase



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