SEEK & FIND: WOUND

Cleveland Clinic

Student Name: Kristen Kangas Date: August 1st, 2023

Instructor Signature Jennifer Brick The signature is meant for faculty. Student's earned points **12.25/20**

15.5/20-1 resubmission = 14.5/20 **X/20-2 resubmission = Y/20**

Kristen, there are 4.5 points available in this assignment & you need to achieve at least 2.5 additional points in order to have a 16/20 for an 80%. I highlighted the info needed in column A below the last time & this is still a requirement. In the blue Earned Points column I identified where you could answer a question to achieve additional points & wrote in this color info about what is missing or incorrect. If this does not make sense, let me know & we can chat.

Kristen, you missed sections of the questions. Plus, gauze is the term used for open weave 4x4s, Kerlix, etc. & sometimes may be in roll form. Gauze is not considered a secondary dressing because of the open weave & the fact that bacteria, etc. can pass through the dressing. You may redo to achieve an 80%. Columns w fewer than assigned points are questions you should consider redoing. Put new answers in this form in a different color, thank you.
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.

Column A **Topical therapy**	Possible Points	Earned Points	Earned Points	Earned points	**Column B**	Possible Points	Earned Points	Earned Points	Earned points
Wounds with scant to small amounts of drainage.	0.5	0	.25	Points	Identify special precautions/considerations for each of the chosen products in Column	0.5	.5	.5	.5

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

2022

1. Hydrocolloids covered by a secondary dressing gauze You need to address this secondary dressing comment Bepanthen Wound Healing Ointment 2. Hydrogel covered by a secondary layer nonadherent contact layer. Kristen, you need to read more about hydrocolloids as # 1 is incorrect & a non-adherent contact layer is not a secondary dressing					A? Product 1. It is important to note that the correct size of a hydrocolloid should allow about 1 inch of intact periwound skin. Product 2. It is significant to note that the hydrogel sheet dressings with adhesive may allow visualization of the wound bed which reduces the need for premature removal. OK				
Sacral wound covered with 100% intact eschar. 1. Antimicrobial blue foam dressing (for dry eschar) 2. Contact layer with gauze (dry)-as noted at top of this, gauze is not a secondary dressing Kerlix & woven gauze	1	.75	.75	Points	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. 1. Would this assessment change your topical therapy choice? Yes 2. If yes, what would be your new topical treatment? Sheet alginate + adhesive roll gauze	2	1.25	1.75	Points

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3. Kerlix & woven gauze with secondary dressing derma- Gel Hydrogel Sheet					or hydrofiber + adhesive foam not sure why an adhesive roll gauze or how that would be applied and gauze is not a adequate secondary dressing. The primary dressings are not best options Mepilex Border Sacrum (5-layer foam dressing for pressure ulcer prevention/ management of sacral wounds). Good but a plain mepilex? 3. Are there any other actions would you perform or initiate as part of the plan of care? -Notify the MD/NP/PA and collect a wound culture to check for infection. YES				
Wounds with 90% yellow adherent slough. ~~1.~~ Hydrofiber Aquacel Extra Hydrofiber dressing ~~covered with gauze~~ not a secondary 1. Kerlix (cotton) woven gauze covered by secondary dressing	1	0	.25	Points	Identify two (2) different actions used to prevent periwound maceration. 1. Application of periwound skin protection, such as moisture barrier cream (Previsense) 2. Change dressings frequently (will prevent excessive exposure of the wound of moisture)	1	1	1	1

Hydrofiber Aquacel Extra dressing 2. Specialty gauze I don't know what this is nonwoven, moistened, and loosely fluffed & even if I did, this is a primary dressing only. 2.Gauze Curafil hydrogel impregnated gauze strip with secondary dressing Opsite (transparent, polyurethane adhesive film) What is the goal of care for this wound? The goal of care for this type of wound includes removing the slough. Yes & how best to do that is the question…									
Type 3 skin tear.	1	.5	.5	Points	Identify at least two (2) nursing actions, not topical wound treatments, to be implemented for an individual with fragile skin. 1. Draw an arrow on the dressing to indicate the best direction for removal to	1	1	1	1

1. hydrogel 2. alginate OK, and these are the primary dressings. What is secondary dressing. A secondary dressing could include 3MTM Tegaderm Non-Adherent Contact layer Contact layers are not secondary dressings Secondary dressings: 1. Tegaderm transparent, polyurethane adhesive film 2. RepliCare™					protect the flap from disruption. Great idea 2. Use padded corners/ edges in the patient environment, use shin guards and gloves for wheelchair- bound patients.				
Deep tissue pressure injury (DTPI) 1. Hydrogel this is a primary dressing so what is secondary? Transparent film- secondary dressing Just so you know, you will set up	1	.75	1	1	Both of these pictured dressings are from the same classification. Identify the classification/category and the implication for use. Classification: Foam dressings Use: Foam dressings are utilized as	1	1	1	1

autolytic debridement w this combo vs trying to have the DTPI resolve 2. Foam dressing					preventative dressings for patients with fragile skin at risk for friction injury. In addition, international guidelines also suggest using foam dressings in pressure injuries such as sacral and heels area.				
Red, granulating stage 3 sacral pressure injury with little exudate. 1. Hydrocolloid Granuflex dressing 2. McKesson Hydrogel Sheet dressing this is a primary dressing You have not selected the correct dressings for a stage 3 wound on the sacrum Aquacel Foam dressing with secondary dressing transparent film – both this & Duoderm are all in one primary/secondary dressings. Both will cover the wound. So given this is a stage 3 sacral wound what is missing? Duoderm signal Dressing with secondary dressing transparent film	1	0	0	Points	Identify an appropriate support surface (category/brand name) to use when pressure injuries are present. Support service for wheelchair bound patients' viscoelastic foam (Alimed- brand name) OK	1	1	1	1

Primary dressing impregnated gauze (polyhexamethylene biguanide (PHMB) and secondary dressing Allevyn or Mepilex									
Partial thickness wound with moderate amounts of drainage 1. Plurogel Burn and Wound dressing 2. Collagen with impregnated gauze Impregnated gauze? What are your secondary dressings? Secondary dressings: 3M tm Tegaderm Superabsorber Dressing Comfeel Plus semipermeable hydrocolloid – this may not handle the drainage	1	.5	1	1	What are the generic names listed for the products in the photos 1. Photo A: Aquacel Generic: ~~Convatec~~ Ag Extra TM Hydrofiber Dressing 2. Photo B: Algisite Generic: Calcium Alginate Dressing A B	1	.75	1	1
Stage 4 ischial pressure injury, 80% granulation tissue, 20% slough with tunneling and undermining.	1	.25	.5	Points	Identify two additional treatments (other than topical) to address with this patient.	1	.5	.5	Points

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

1. Duoderm CGF Border Dressing (hydrocolloid) for a Stage 4 ischial wound? Kaltostat Calcium Sodium Alginate Dressing with secondary dressing 3M TM Tegaderm High Performance Foam Adhesive dressing-OKthis is acceptable but since you chose this then the alginate is too similar & does not count as a second option 2 Aquacel Extra Hydrofiber Dressing ?secondary **Select a second dressing option for this wound** Secondary- Curasorb Calcium Alginate Dressings FYI, Curasorb alginate also appears to need a secondary dressing Secondary dressing Mepilex					1. Avelle Negative Pressure Wound Therapy System this is still a topical therapy-select another treatment, other than topical, for this wound 2. AliMed Vinyl Covered Double Angle Positioning Wedge OK-offloading Debridement And Dolphin bed system				
Patient with incontinence-associated dermatitis as a result of diarrhea and urinary	1	1	1	1	In addition to BWAPs, there are additional methods of diarrhea containment. Identify two other	1	.5	1	1

incontinence. Address topical skin care. Cleansing: Medi Derma-Pro Foam & Spray Cleanser Protection: Desitin cream					methods. 1. FMS (Fecal Management System) Rectal Trumpets ~~2. Medication management (Lomotil)~~				
Identify topical dressings for lower extremity venous ulcers with large amounts of wound drainage. 1. Hydrocolloid may not be a good choice as venous wounds are often very wet 2. Hydrofiber	1	.5	1	1	Identify two (2) other areas to be addressed in the plan of care for the patient with a lower extremity venous ulcer. 1. Compression therapy Yes, this was ok 2. Antibacterial Ointment-this is not another area that is not topical Vein Ablation	1	.5	.5	Points
	0	0	0			0	0	0.5	

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