

BASIC WOUND CARE

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TOTAL WOUND CARE OF OKLAHOMA

AGENDA

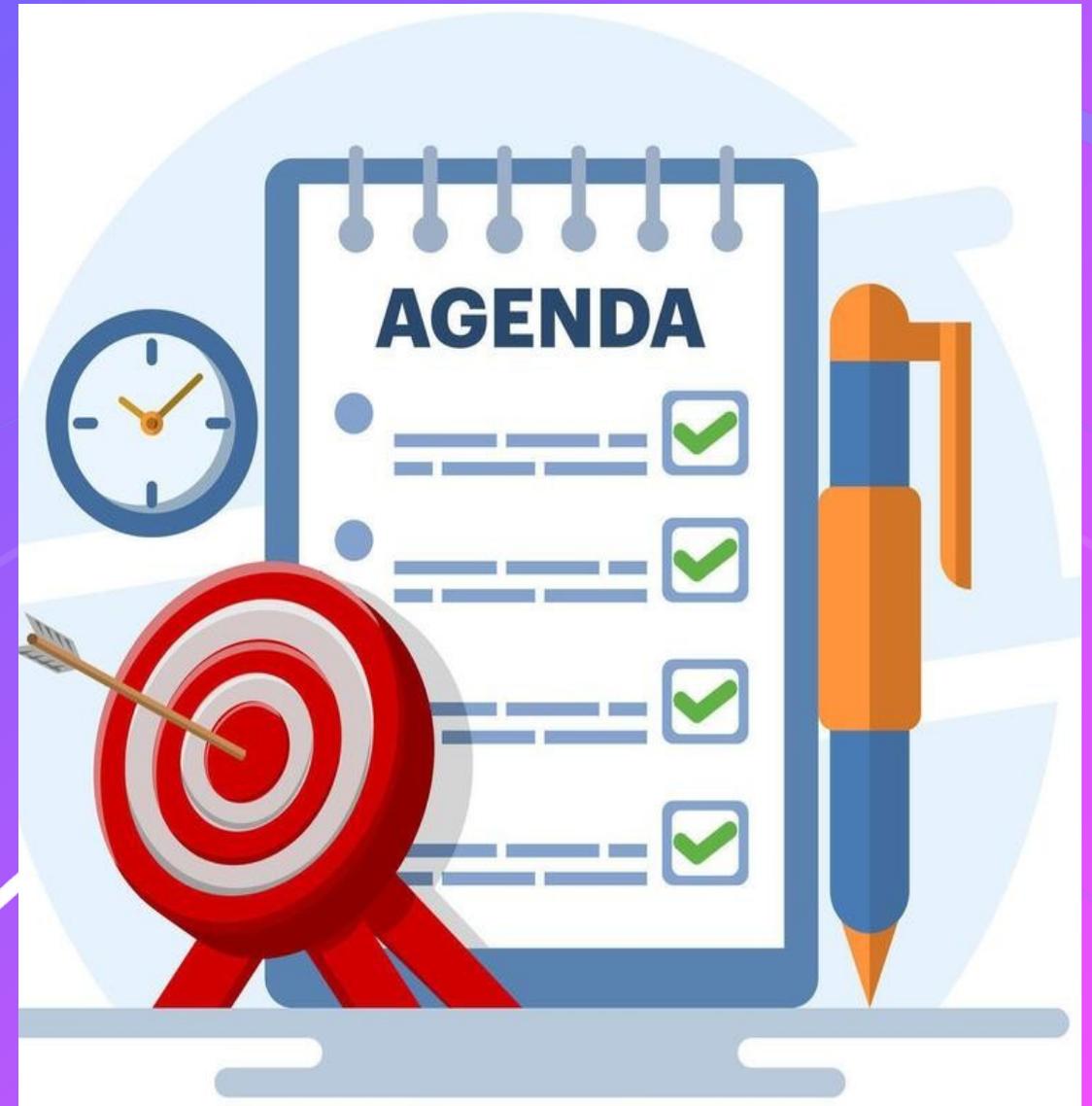
Phases of Wound Healing

Identifying Acute vs Chronic Wounds

Modifiable vs Non-Modifiable Risk Factors

Wound Assessment, Preparation, and Documentation

Dressing Type Classification and Orders



PHASES OF WOUND HEALING

Hemostasis
Immediately

Inflammatory
24-96 hours

Proliferative
Days to Weeks

Maturation
Weeks to Years

ACUTE VS CHRONIC WOUNDS

	Acute Wounds	Chronic Wounds
Onset	Sudden (trauma, surgery, burn)	Gradual, often secondary to underlying disease
Healing time	Predictable, within weeks	Delayed, >4–12 weeks
Healing process	Normal, orderly phases	Stalled (commonly in inflammatory phase)
Risk factors	Minimal if healthy	Diabetes, vascular disease, immobility, malnutrition
Examples	Surgical incision, laceration	Pressure injuries, diabetic foot ulcers, venous leg ulcers

MODIFIABLE VS NON-MODIFIABLE RISK FACTORS

Modifiable Risk Factors

Factors that can be addressed or improved through interventions:

Smoking

Poor nutrition

Obesity

Uncontrolled diabetes / hyperglycemia

Infection / biofilm

Poor wound care practices

Medications

Alcohol use

Sedentary lifestyle / immobility

Non-Modifiable Risk Factors

Factors that cannot be changed but should be recognized in risk assessment:

Age

Genetics

Comorbidities (not fully reversible)

History of radiation therapy

Chronic scarring

Previous wounds

Sex (biological differences)

HOLISTIC VS WOUND ASSESSMENT

	Wound Assessment	Holistic Wound Assessment
Focus	The wound itself	The wound and the patient as a whole
Scope	Local: size, tissue, drainage, edges	Comprehensive: wound + systemic, psychosocial, functional
Goal	Document wound characteristics	Understand and address all healing barriers
Approach	Clinical and task-based	Interdisciplinary, patient-centered
Example	Measuring wound dimensions	Measuring wound plus assessing nutrition, mobility, depression, and caregiver support

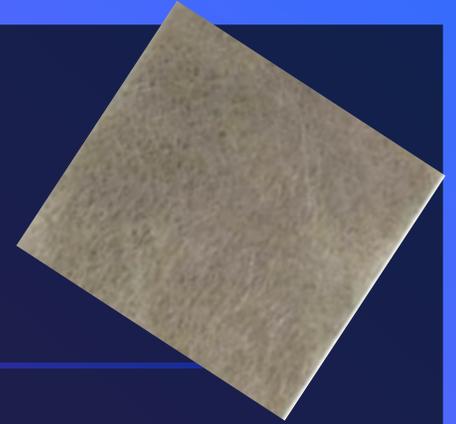


T
I
M
E
R
S

WOUND BED PREPARATION

- T - Tissue**
- I - Infection/Inflammation**
- M - Moisture**
- E - Edge (Epithelial)**
- R - Regeneration/Repair**
- S - Social Factors**

SELECTING DRESSING TYPE - ALGINATE



Classification

Primary dressing
Absorptive, non-occlusive
Derived from seaweed
Comes in sheets, ropes, pads

Indications

Moderate to heavily exuding wounds
Partial- or full-thickness
Can have a hemostatic effect
Useful in cavity, tunneling, or sinus wounds
Infected wounds
Appropriate for multiple wound types

Contraindications

Dry or minimally exuding wounds
Wounds with eschar or hard necrotic tissue
Third-degree burns
Known alginate sensitivity (rare)
Wounds requiring frequent visualization



SELECTING DRESSING TYPE - FOAM



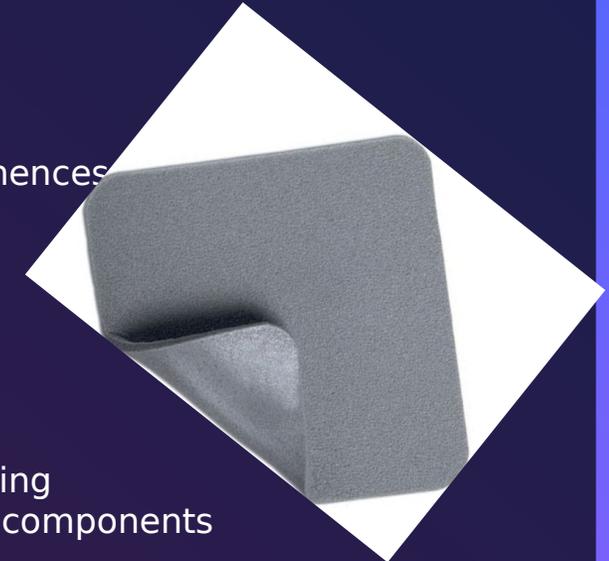
Classification

Primary or secondary dressing
Absorptive, semi-occlusive dressing
Made of polyurethane or silicone foam
Comes in sheets, adhesive, non-adhesive, bordered, non-bordered



Indications

Moderate to heavily exuding wounds
Partial- and full-thickness wounds
Can be used under compression therapy
Provides cushioning to protect bony prominences
Appropriate for multiple wound types



Contraindications

Dry or minimally exuding wounds
Thick eschar or dry necrosis
Third-degree (full-thickness) burns
Cavity wounds with narrow tracts or tunneling
Patients with known sensitivity to dressing components

SELECTING DRESSING TYPE - COLLAGEN



Classification

Primary dressing
Bioactive dressing that stimulates healing
Derived from bovine, porcine, or equine sources
Comes in sheets, powders, gels, pastes, and pads

Indications

Partial and full-thickness wounds
Wounds with minimal to moderate exudate
Granulating or necrotic wounds
Wounds where additional scaffolding is needed
Appropriate for multiple wound types

Contraindications

Third-degree (full-thickness) burns
Wounds with heavy exudate
Patients with known sensitivity to bovine, porcine, or equine sources
Dry wounds without exudate
Infected wounds

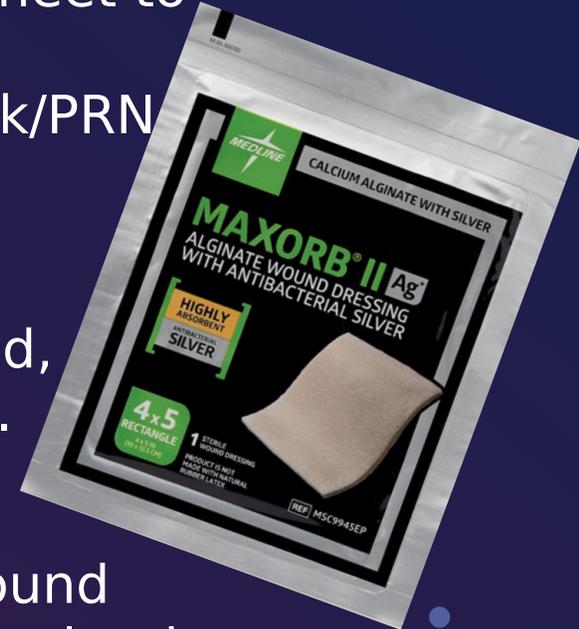


EXAMPLES OF DRESSINGS AND ORDERS

Remove previous dressing, Cleanse with SNS or Wound Cleanser, Pat dry with 4x4 gauze, Apply collagen sheet to wound bed, Cover with border dressing. Change 3 times a week/PRN

Remove previous dressing, Cleanse with SNS or Wound Cleanser, Pat dry with 4x4 gauze, Apply skin prep to periwound, Then apply silver alginate sheet to wound bed, Cover with border dressing. Change 3 times a week/PRN.

Remove previous dressing, Cleanse with SNS or Wound Cleanser, Pat dry with 4x4 gauze, Cut bacteriostatic classic blue foam to fit wound bed, Then moisten with SNS, Apply blue foam to wound bed, Cover with border dressing. Change 3 times a week/PRN.





TIPS FOR COMPLIANT CHARTING

Follow facility policy

Follow CMS/local coverage determination (LCD)

Quote staging guidelines

Use photos if policy allows

Avoid vague terms

Document education

Highlight barriers

Sign legibly and date all entries

FINAL TIPS & TAKEAWAYS

- 4 Stages of Wound Healing
 - Hemostasis, Inflammatory, Proliferative, and Maturation
- Modifiable vs Non-Modifiable Risk Factors
 - Modifiable – Smoking, Nutrition, Obesity, Immobility, Medications
 - Non-Modifiable – Age, Genetics, Previous Wounds, Radiation
- Wound Bed Preparation
 - T,I,M,E,R,S
- Dressing Types
 - Collagen, Alginate, Foam



REFERENCES

Atkin, L., Bućko, Z., Conde Montero, E., Cutting, K., Moffatt, C., Probst, A., Romanelli, M., Schultz, G. S., & Tettelbach, W. (2019). Implementing TIMERS: The race against hard-to heal wounds. *Journal of Wound Care*, 28(Suppl 3a), S1-S50. <https://doi.org/10.12968/jowc.2019.28.Sup3a.S1>

Bates-Jensen, B.M. (2022). Assessment of the patient with a wound. In L. L. McNichol, C. R. Ratliff, & S. S. Yates (Eds.), *Wound, Ostomy, and Continence Nurses Society core curriculum: Wound management* (2nd ed., pp. 56-92). Wolters Kluwer.

Beitz, J. (2022). Wound healing. In L. L. McNichol, C. R. Ratliff, & S. S. Yates (Eds.), *Wound, Ostomy, and Continence Nurses Society core curriculum: Wound management* (2nd ed., pp. 39-55). Wolters Kluwer.

REFERENCES

Ermer-Seltun, J. M. & Rolstad, B. S. (2022). General principles of topical therapy. In L. L. McNichol, C. R. Ratliff, & S. S. Yates (Eds.), *Wound, Ostomy, and Continence Nurses Society core curriculum: Wound management* (2nd ed., pp. 136-156). Wolters Kluwer.

Jaszarowki, K. & Murphree, R.W. (2022). Wound cleansing and dressing selection. In L. L. McNichol, C. R. Ratliff, & S. S. Yates (Eds.), *Wound, Ostomy, and Continence Nurses Society core curriculum: Wound management* (2nd ed., pp. 157-171). Wolters Kluwer.

Young, C. (2025). Understanding the physiology of wound healing and holistic wound assessment. *Nursing Standard*.
<https://doi.org/10.7748/ns.2024.e12182>