January 19, 2023

LMFNA SEMINAR WOUND CARE

Preserving Skin Integrity & Wound Care

Reviewed the basics of skin and skin care:

Functions of the skin:

Protect

Sensation

Thermoregulation

Excretion

Metabolism

Body Image

When we remove a dressing it cools the wound down, wounds heal better at regular body temperature. We need to pay attention to the dressings we apply to help maintain thermoregulation.

Hydrocoloids are good as they help maintain the temperature.

Gauze isn’t good as it keeps wound too cool.

Preventive skin management:

Inspect the skin thoroughly every day – Diabetics: especially their feet

Report any changes

Look for and report:

Pressure Ulcers

Skin Tears

Rashes

Irritation

Risk Factors for Skin Breakdown

General Health:

Chronic/critical disease

Polypharmacy: steroids can thin the skin if used for prolonged periods

Cognitive, sensory, visual & auditory impairment

Nutritional status: a person needs 30-40kcal/kg for proper healing

Mobility:

History of falls

Impaired mobility

Dependent for activities of daily living

Mechanical Trauma

Skin:

Extremes of age

Protecting the skin

Aging affects the skin, less piable & more likely to become cracked, flaked, rough scaly, chapped & itchy.

Factors that result in dry skin include:

Low humidity, age, excessive perspiration

Loss of sebum

Dehydration

Exposure to cold, heat & sun

Frequent hot baths

Smoking

Stress

Poor nutrition & dehydration:

Dependency on help for eating

Cognitive impairment

Acute or chronic illness

Medications

Social isolation & depression

Poor dentition

Swallowing problems

Caring for the skin:

Cleanse: *using a non-irritating cleanser that is PH balanced*

Moisturize: apply immediately after bathing & as required

Minimize skin exposure

Risk factors for Pressure injury are basically the same as skin injury.

For footcare nurses: focus on heels, inspect and check well to check for pressure injury.

Skin Tears: go to skintear.org INTERNATIONAL SKINTEAR ADVISORY

Medications are a big problem especially Polypharmacy

Type 1 Skin Tear: skin tears with no skin loss, skin flap still there

Type 2: partial loss

Type 3: major loss and may have underlaying tissue involvement

Prevention is Important:

Identify clients at risk

Use proper positioning, turning, lifting etc.

Pad bed rails & wheelchair arms & legs

Recommend clients wear long sleeves & pants

Apply moisturizing agents to dry skin

Provide a well-lit environment

Avoid dressing with

Treatment of skin tears:

Not best practice to staple, stitch, etc.

Bandages should be gentle and ideally stay on for 7 days

Kaltostat: good for stopping bleeding very quickly: calcium alginate: when we nip toes – apply and hold for a few minutes until bleeding stops

Injury prevention:Hydrocoloids: Duoderm extra thin: for recovery of seed corns, blisters on feet, fold in half and put on the heel (bubbles appear = normal, can be left for 7 days) comes off easily, is waterproof – can be taken off with water to help if very sticky – feet must be very clean to apply to prevent infection

Duoderm signal(thicker): good for heels and offloading

Wound between the toe: with low blood flow moist wound healing isn’t recommended

If okay circulation: hydrofibres, AMD gauze(antimicrobial)

Poor circulation: if fairly shallow = keep them dry! Paint with Betadine, chlorhexidine – change dressing regularly

Hammertoes: best thing is prevent an injury – should see a podiatrist if possible – duoderm extra thing can be cut and wrap around the toe and stay in place –

Already a wound: depends on exudate – no exudate = fairly dry wound – keep it dry – povidone, chlorhexidine – may need a referral

Signal will occlude but also absorb a little more moisture.

To soften a callous try the Duoderm extra thin: edges may thicken after shower etc. but okay is also very good on blisters – off label = excellent for the prevention of blisters – can also be used under PPE to prevent ears, face etc injuries from masks etc. also good for treating ACNE – put a small amount of antimicrobial(Polysporin) on spots and apply thin duoderm duoderm when you remove it it pulls away softened pimple skin

Bactigras is Chlorhexidine infused and Inadine is povidone infused – to help heal -if drying to treat use straight povidone.

All of the Duoderms can be left on for 7 days