

## Wound dressing (simulated cases)

### PART-I

#### Description:

Injury to the skin provides a unique challenge, as wound healing is a complex and intricate process. Acute wounds have the potential to move from the acute wound to chronic wounds, requiring the physician to have a thorough understanding of outside interventions to bring these wounds back into the healing cascade.

For wounds to heal, they must have consistent and sufficient supply of oxygen, nutrients, enzymes, and cells. Once the mentioned factors are controlled and the wound bed is prepared with adequate debridement and moisture control, wound healing will be ready to progress.

Selecting advanced wound care dressings is most effective when looking at the “whole” patient. If we are focusing only on the “hole” in the patient, we may not be enhancing the wound healing process as much as we had anticipated. In fact, we may be causing more harm to the wound without realizing it. It always advisable to involve all our patients in their treatment care plan, if possible.

## Case Scenario #1: Chronic Pressure Ulcer – Stage 4

Your patient is a 47-year-old woman who has had a history of diabetes for the past 25 years, is a stroke survivor, and has congestive heart failure. She developed a stage 4 pressure ulcer following an above the knee amputation six months ago during her hospital stay. She lives at home with her daughter, who is a nurse, and also has home health care three days a week for [dressing changes](#). Home health care is planned to last for only three weeks.

**Wound etiology:** Pressure ulcer, stage 4

#### **Wound**

**location:** Coccyx

**Thickness:** Full

**Size:** 6×4×1.4cm

**Undermining:** 2–10 o'clock, 0.7cm

**Wound tissue:** 80% red granulation, 20% yellow fibrinous slough

**Exudate:** Heavy

**Bioburden:** Yes

What dressing order we would choose to benefit our patient most?

- Cleanse wound with normal saline. Pat dry. Pack wound and undermining with calcium alginate. Cover with bordered foam three times a week.
- Cleanse wound with normal saline. Pat dry. Pack wound with wet-to-dry dressing twice daily. Cover with abdominal pads. Secure with paper tape.

- Cleanse wound with normal saline. Pat dry. Pack wound and undermining with silver alginate. Cover with bordered foam daily.

***Conclusion: Due to date of onset, wound depth, exudate amount, and bioburden, an antimicrobial absorptive dressing is the best choice. The frequency is based on the exudate amount and the knowledge that the daughter can change the dressings on the days home health care is not available.***

