

***Workshop : Decreasing Complications of
Mobility Impairment through Collaborative
Practice***
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PART C. Best Practices in Safe Skin
Basic Principles of Wound Care

Wound Assessment

- **Prevention:**
- **Treatment:**
 - Patient comorbidities
 - Type of wound
 - Extent
 - Blood supply / drainage for healing
 - Off-loading
 - Adequacy of debridement and wound care
 - If response is not adequate, change treatment
- **Nutrition:**
 - Optimize
- **Infection:**
 - Wounds get colonized.
 - Culture

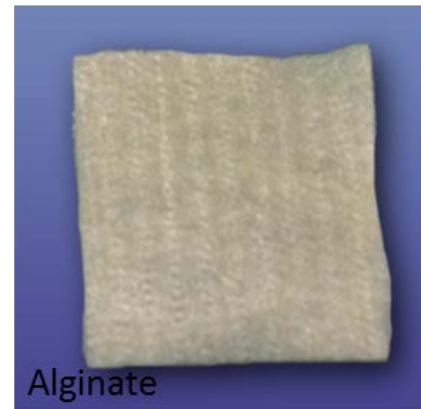
Remove Dead, Fibrinous tissue and Eschar

- Sharp Debridement
- Enzymatic Debridement
- Chemical Debridement
- Mechanical Debridement
- Hydrotherapy
- Autolysis
- Cleanse a wound using pressure
 - Pressure between 4-15 pounds per square inch (psi) i.e. 60ml syringe with catheter tip or 18-20 Ga. needle



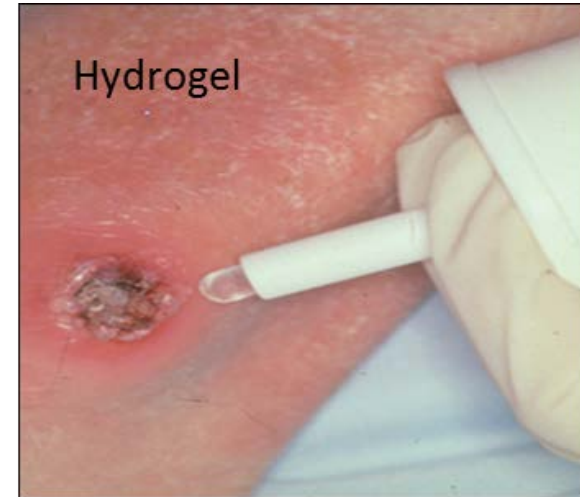
Exudative Wounds: “Too Much Moisture”

- **Hydrocolloid:** hydrophilic particles mix with water to form a gel. DO NOT use in infected wounds.
- **Absorbing Materials:** beads, powders, rope or sheets that absorb large amount of exudate. ie: Alginates
- **Foam:** Made of hydrophilic material. Highly absorbent.
- **Dry Gauze:** Can absorb wound drainage. Can be impregnated with agents to promote healing
- Copolymer Starch dressings
- **Negative wound dressing therapy:** Wound VAC



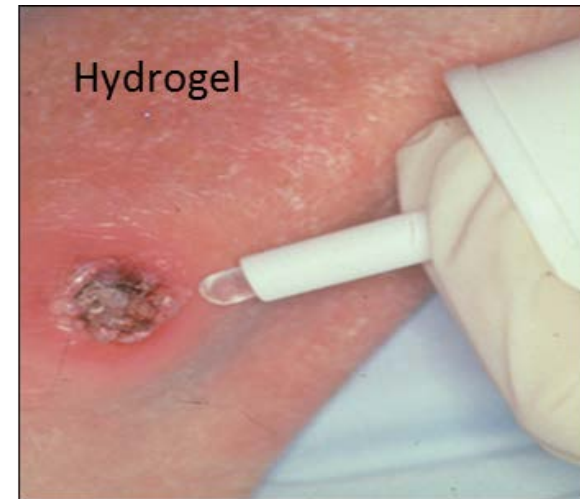
Dry Wounds: “ Too Little Moisture”

- **Hydrogels:** High water content enhances epithelialization and autolytic debridement. Needs cover dressing and wound edge barrier
Example: Carrasyn
- **Wet – to- Dry or Moist Gauze dressings:** keeps wound bed moist. Minimizes trauma to granulation tissues
- **Wound gels and pastes:** Honey, Amorphous wound gel, Cadexomer Iodine wound paste.
- Hydrocolloids
- Semipermeable wound dressings



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Basic Principle / Idea

- If its wet: **DRY** it
- If its dry: **MOISTEN** it
- If its irritated: **SOOTHE** it!
- If its chronic: **IRRITATE** it!
- If its palliative: **COMFORT** it!