



# Wound Assessment and Product Selection

Wound Care Made Easy

Denise Barton, BSN, RN, CWON

---

---

---

---

---

---

---

---

## Objectives



- Patient and Wound assessment .
- Tools to use when assessing a wound
- Documentation needed to direct treatment and supplies

---

---

---

---

---

---

---

---

## Types of Wounds



- Traumatic ulcers
- Burns
- Arterial ulcers
- Venous ulcers
- Diabetic / Neuropathic ulcer
- Pressure ulcers

---

---

---

---

---

---

---

---

WOUNDS Oooo.....NO



---

---

---

---

---

---

---

---

Patient Assessment



- **How did the patient get the wound?**
- **How long have they had it?**
- **What is the patient using to clean and dress the wound?**
- **Does the patient have help doing their wound care?**

---

---

---

---

---

---

---

---

Assessment continued

- **Bathing habits.**
- **Insurance.**
- **Is the patient on Steroids, immune compromised, anemic, and nutrition.**
- **Allergies.**

---

---

---

---

---

---

---

---

## Classifications of Wounds

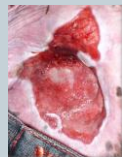


Dry Wounds

Moist Wounds

Wet Wounds

Three Classifications of wounds



---

---

---

---

---

---

---

---

## Wound Care



Dry Wounds

Moist Wounds

Wet Wounds

- **Remove Avascular Tissue**
  - Autolytic debridement
  - Enzymatic debridement
  - Mechanical debridement (wet to dry, Maggot therapy)  
Wet to Dry should be the last resort, non-selective and painful.
  - Conservative Instrumental Sharp Debridement (CISD)
  - Surgical debridement

---

---

---

---

---

---

---

---

## Wound Care



Dry Wounds

Moist Wounds

Wet Wounds

- **Add Moisture**
  - Wound gel
  - Moisture retentive dressing
    - ✦ Transparent film dressing
    - ✦ Hydrocolloid
    - ✦ Hydrogel Impregnated Gauze
    - ✦ May Wet Hydrofiber or Alginate



---

---

---

---

---

---

---

---

## Wound Care



Dry Wounds

**Moist Wounds**

Wet Wounds

- **Maintain Moisture**

- Wound Gels (antimicrobial or plain)
- Hydrofibers (antimicrobial or plain)
- Foams (antimicrobial or plain)
- Alginates (antimicrobial or plain)



---

---

---

---

---

---

---

---

## Wound Care



Dry Wounds

**Moist Wounds**

Wet Wounds

- **Manage Drainage**

- Hydrofibers
- Foams
- Alginates
- Negative wound therapy

- **High Bacterial Load**

- Manage with antimicrobial
  - Dakins Solution
  - Silver Dressings,
  - Antibiotics, Flagyl Solution



---

---

---

---

---

---

---

---

## Wound Care



Dry Wounds

**Moist Wounds**

Wet Wounds

- **Maintain Wound Edge**

- Open
  - Keep open
- Epibole (Closed)
  - Silver Nitrate
  - Surgically open
  - Hydrocolloids (autolytic debridement)



---

---

---

---

---

---

---

---

## Wound Care



Dry Wounds

Moist Wounds

Wet Wounds

- Protect Periwound
  - Apply barrier film
  - Zinc Cream
  - Hydrocolloids
  - Cloth tape
    - Avoid silk tapes
  - Transparent films



---

---

---

---

---

---

---

---

## Wound Care



Dry Wounds

Moist Wounds

Wet Wounds

- Secure Wound
  - Cloth tape
  - Border Dressings
  - Netting
  - Transparent film dressing
  - Montgomery Straps (only as last resort)

---

---

---

---

---

---

---

---

## Wound Care



Dry Wounds

Moist Wounds

Wet Wounds



Chronic Pressure Ulcer

---

---

---

---

---

---

---

---

## Wound Care



Dry Wounds

Moist Wounds

Wet Wounds



Pyoderma Gangrenosum

---

---

---

---

---

---

---

---

## Tools to Use

- Braden Scale  
    < or = to 18 high risk  
    > 18 Not at Risk

- Bates- Jensen Wound Assessment Tool



- Pressure Ulcer Scale for Healing (PUSH)

---

---

---

---

---

---

---

---

## Wound Measurement

- Head to Toe
  - Measurement of length of wound at longest point on a vertical plane (head to toe) in cm or mm.
  - Gold Standard



---

---

---

---

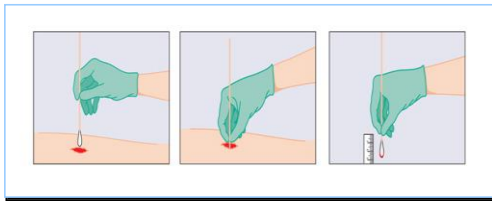
---

---

---

---

## Measuring Wound Depth



### Practice Principle

- Fill dead space with a primary dressing to prevent premature closure<sup>12</sup>

---

---

---

---

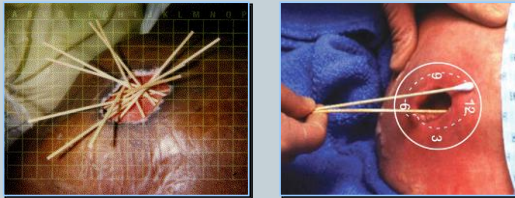
---

---

---

---

## Undermining



- “A closed passageway under the surface of the skin that is open only at the skin surface. Generally it appears as an area of skin ulceration at the margins of the ulcer with skin overlying the area. Undermining often develops from shearing forces.”<sup>77</sup>

---

---

---

---

---

---

---

---

## Tunneling/Sinus Tract



- Tunneling – “A passageway under the surface of the skin that is generally open at the skin level; however, most of the tunneling is not visible”<sup>77</sup>
- Sinus tract – “A cavity or channel underlying a wound that involves an area larger than the visible surface of the wound”<sup>77</sup>

---

---

---

---

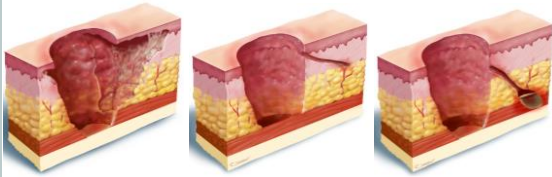
---

---

---

---

## The Physiological Difference



---

---

---

---

---

---

---

---

## Wound Culture Methods

- Tissue removal method (standard punch biopsy)
- Wound fluid aspiration (mostly use with abscess or loculated fluid collection)
- Swab technique ( Z-Stroke or Levine technique)

---

---

---

---

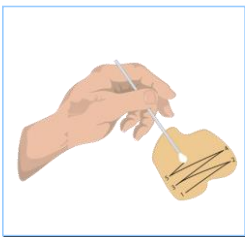
---

---

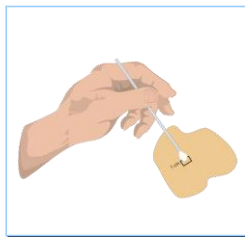
---

---

## Obtaining Swab Wound Cultures



**Z-Stroke Technique<sup>15</sup>**



**Levine Technique<sup>15</sup>**

---

---

---

---

---

---

---

---



## Levine Technique

- Remove old dressing.
- Clean wound with Normal Saline.
- Pat dry.
- Swab viable tissue NOT Avascular tissue.
- Press swab firmly.
- Label in front of patient with date, time and site of culture.

---

---

---

---

---

---

---

---

## Documentation

### Wound Description -

- **Measure Length X Width X Depth**
- **Undermining / Tunneling :**
- **Drainage type / amount:**
- **Periwound:**

### Dressing -

- **Clean with:**
- **Primary dressing:**
- **Cover with:**
- **Secure with:**
- **How often to change:**

---

---

---

---

---

---

---

---

## Product Selection

### Wound Gels

- Hydrogel
- Silver Gels
- Antiseptic gels
- Honey gels

### Hydrocolloids

- Plain hydrocolloids
- Honey infused
- Bordered and non-bordered

---

---

---

---

---

---

---

---

## Product Selection

### Alginates

- Plain
- Robes
- Silver Alginates
- Bordered and non-bordered

### Hydrofibers

- Plain
- Sodium infused  
Sheets and robes
- Silver infused  
Sheets and robes
- Bordered and non-bordered

---

---

---

---

---

---

---

---

## Foams

- Plain foams primary or secondary
- Silver foams as primary only
- Honey infused as primary only
- Bordered or non-bordered

---

---

---

---

---

---

---

---

## Final Take-Home Messages

- Management of pressure ulcers and chronic wounds is a team effort.
  - Physician
  - Certified wound-care nurse (when available)
  - Bedside nurse
  - Dietician
  - Plastic surgery (if skin graft considered for clean, large ulcer)
  - Vascular surgery (for chronic venous stasis and arterial ulcers)
  - Podiatry (for diabetic foot ulcers)
  - (For home-bound patients)
    - × Home health nurse and social worker
    - × Caregiver

---

---

---

---

---

---

---

---

## The Certified Wound Ostomy Nurse



---

---

---

---

---

---

---

---

## The End



---

---

---

---

---

---

---

---

## References



- **Acute and Chronic Wounds: Current Management Concepts, 5e** 5th Edition by [Ruth Bryant RN MS CWOCA](#) (Author), [Denise Nix RN MS CWOCA](#) (Author)
- **Wound, Ostomy and Continence Nurses Society® Core Curriculum: Wound Management** 1st Edition by [Ostomy and Continence Nurses Society® Wound](#) (Author), [Dorothy B. Dougherty MN RN CWOCA FAAN](#) (Author), [Laurie L. McNichol MSN RN GNP CWOCA CWON](#) (Author)

---

---

---

---

---

---

---

---