STUDY GUIDE
WOUND CARE

Directions: Print and complete the study guide. Turn it into your professor prior to the laboratory practice session.

In Lab: Stage pictures of ulcers according to the AHCPR Guidelines; Describe the types of wound drainage; Use a form to assess the risk for pressure ulcer development; Use the pressure sore status tool to evaluate wounds; Irrigation of wounds; Apply dressings to wounds (you must be able to determine the best type of dressing for specific types of wounds); Cleanse a surgical incision and drain; and Remove sutures from an incision.

1. There are many different staging systems to describe the wound or tissue destruction of pressure ulcers. The staging systems use sequential numbers to describe pressure ulcers. What are some common mistakes by clinicians in interpreting numbers? Explain why. And how do you stage a wound with necrotic tissue?

2. What important history information is needed about a wound? Explain the importance of each question.

3. Discuss the role of fibroblasts and collagen in wound healing.

4. Define primary intention and secondary intention wound healing. Explain why secondary intention wounds take longer to heal.

5. There are many scales that help predict the occurrence of pressure ulcers such as the Norton, Gosnell, and Braden scales. Explain the common components of the scales, and why these are important predictors of wound development.

6. Discuss the significance of nutrition in wound healing. Discuss specific nutritional recommendations. Explain why these nutritional components are necessary for wound healing. Also include laboratory values that indicate poor nutritional status of the patient and explain why.

7. Explain why drains are needed with some surgical incisions in order for wound healing to occur. Explain how to operate the Jackson-Pratt drain.

8. Define the following terms related to wound healing: Granulation tissue, Epithelialization, Exudate, Slough, Eschar, Wound margins, Undermining, and Induration.

10. Explain the different types of debridement: Sharp- Surgical, Autolytic, Enzymatic, and Mechanical.

11. One of the most important principles of wound healing is to keep the wound bed moist. Explain why.

12. What solutions are appropriate to cleanse a wound? And which solutions are not appropriate to cleanse a wound. Be sure to explain why.

13. Explain the appropriate way to irrigate a wound. Be sure to include the recommended psi pressure for irrigating a granulating pressure ulcer.

14. Define the characteristics and uses of the following dressings: Hydrocolloid (i.e. Duo-derm and Signadress); Hydrogel (i.e. Vigilon); and Calcium alginate.

15. Explain when it is appropriate to use the following dressings: wet-to-wet, wet-to-damp, and wet-to-dry. Explain why woven gauze sponges (i.e. 2x2’s or 4x4’s) are used with these types of dressings.

16. When performing a dressing change on a wound, **all surfaces of the wound must be covered** with the dressing. It is also important to **fluff the gauze** and **do not pack the dressings too tightly** into the wound. Give the rationale for each of these interventions. Be sure to use the terms capillary budding and granulation tissue in your rationale.

17. Discuss the important techniques of cleansing a surgical incision and drain. Explain rationale.

18. Describe what you would expect the surgical incision to look like on post-op day 2. Explain when you might expect to see signs of infection in a surgical wound. Describe signs and symptoms of an incisional infection (also include expected laboratory data).

19. Describe essential interventions if dehiscence or evisceration of the patient’s surgical incision occurs. Explain the risk factors for dehiscence and evisceration.

20. Describe how to remove sutures from an incision. Also explain the most important principle in suture removal.