Understanding Wounds

This booklet is designed to help you, your family and caregiver better understand wounds, their care, prevention and complications.

It is important for you, your family/caregivers and your health care providers (doctors, nurses, pharmacist, suppliers and other health care professionals) to work as a team and be involved in managing your wound. By working with your wound care team and following a few simple guidelines, your wound may heal faster and your quality of life will improve. Be sure to ask questions, voice your concerns and needs, and understand what is being done and why.

Wounds can either be a chronic or an acute condition. Reports indicate that one out of four Americans over the age of 65 has extremity ulcers and that worldwide, 7 to 8 million people have pressure ulcers.

The price of treatment is staggering, with chronic wound treatment costs estimated to be $5-7 billion a year. On an average, it costs $40,000 to treat one pressure ulcer.

It is important for you or your family/caregivers to be able recognize and report the symptoms of infection and non-healing. You can keep your doctors and nurses updated on your condition, receive appropriate and timely treatment and intervention, as well as prevent complications.

Keep this booklet as a resource for yourself, your family and caregivers. It contains numerous forms that can be used to write down your vital signs, medicines, wound care treatments and other important information, as well as a place for you to record questions for your next visit with your nurse, therapist or physician.

Since this booklet covers different types of wounds, not all of the information will necessarily apply to you. Your home care nurse/therapist will mark your wound type(s) on page 1 of this booklet.

As your home care professional instructs you in the information contained in this booklet, please ask questions during their visits. Feel free to call our office if something is unclear or if you have questions and/or concerns.

We look forward to being a member of your wound care team!

Your Professional Home Care Staff
Wound Care
Patient Education Guide

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Purpose: This booklet is for informational purposes only and is not designed to replace your physician’s advice or treatments. The information contained in this booklet may change, as practice guidelines change. Not all of the information contained in this booklet may apply to your type wound(s).

Disclaimer: We have attempted to make the information contained in this booklet as accurate as possible; however, MedForms, Inc. makes no guarantees as to its accuracy and assumes no liability for the use of its forms and publications.

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SECTION I. Your Wound Care Team

The number one goal of your wound treatment is to heal the wound. While dressings play an important role in healing a wound, the factors that caused the wound have to be eliminated or brought under control. You and/or your caregiver are important members of your wound care team. You must comply with the treatment that your physician has ordered so that your wound can heal. You and your caregiver need to:

- be active in your care;
- learn how to perform your (the patient’s) wound care;
- know what symptoms to report to your home care nurse/therapist and/or your doctor;
- understand how to tell if the treatment is working;
- be an active participant in wound care treatment changes;
- ask questions if you do not understand the wound care treatment plan;
- ask questions if you do not understand the instructions provided by your wound care team;
- follow your prescribed diet; and
- take your medications as ordered.

It is not unusual for patients and caregivers to experience stress and strain when caring for wounds. Try using stress relief measures such as deep breathing exercises, diversional activities (painting, reading, knitting, etc.) or watching funny movies that will make you laugh and relax.

We are a health care team and by working together, we can do all that is possible to promote wound healing, so you can have a better quality of life.

SECTION II. Types of Wounds

Wounds are generally classified into the three categories listed below. Your wound(s) is a: (Nurse/therapist to check all that apply.)

- 1. Pressure Ulcer (Pressure Sores)
- 2. Surgical Wound
- 3. Vascular Ulcer
PRESSURE ULCER

A pressure sore (also called a decubitus ulcer and sometimes called a "bedsore" in the past). Pressure ulcers can range from minor skin reddening to deep craters down to the muscle and bone. Tiny blood vessels provide oxygen and nutrients to the skin. When the blood vessels are squeezed too long due to unrelieved pressure on the skin, the tissue dies and a pressure ulcer forms. Pressure ulcers can even be caused by slight rubbing or friction on the skin. Certain areas of your body are more prone to develop pressure ulcers than others. These areas are called pressure points. The most common pressure points are: the lower back (tailbone or sacrum); hip bones; and heels. Pressure ulcers can also develop on the spine, back of the head, shoulder blades, ankles, knees, elbows or ears.

PRESSURE ULCER RISK FACTORS

The more risk factors you have, the greater your chances of developing pressure ulcers. Risk factors include:

1. chair, wheelchair or bed confined;
2. unable or inability to move (coma, paralysis, hip fracture)
3. lack of bowel and bladder control (moisture irritates the skin)
4. poor nutrition (skin is unhealthy)
5. decreased mental awareness (medications, health problems, etc.)
6. lack of feeling over pressure areas

You can lower your risk by following the guidelines outlined in this booklet and by following your health care provider’s instructions.
Surgical Wound

Types of surgical wounds include but are not limited to the following:

- Pin sites
- Venous access devices implanted under the skin *(Mediport)*
- Central venous line sites
- Stapled or sutured incisional lines
- Debrided graft sites
- Wounds with drains
- Incisions with approximated edges, a scab or crusting, or fluid
- Open surgical wounds
- Other: ___________________________

When an incisional dressing must be changed, sterile wound care technique is normally used. The goals of care are for the wound to heal and for the incision to be free from infection.

Vascular Ulcer

A vascular ulcer is an ulcer of the legs caused from poor circulation. The overall goals of treatment for vascular ulcers are to:

- promote wound healing;
- prevent complications or deterioration of an existing wound;
- prevent additional skin breakdown; and
- limit the harmful effects of the wound on the patient’s overall condition.

Treatment(s) should be under the direction of your physician. Your treatment may include but not be limited to one or more of the following depending on the cause of the ulcer:

- Bed rest
- Compression of the lower extremity through multi-layer compression dressings, stockings or mechanical pumping devices – ace wraps, stockings, non-stretch bandages, Unna Boots, non-elastic binders, pneumatic (air) compression
- Dressings
- Medications to reduce pain, decrease swelling and infection, and increase circulation
- Stop smoking ☑️
- Exercise *(as appropriate, even a short walk in your home)*
- Pressure relief *(don’t cross your legs)*
- Nutritional consultation
- Weight reduction *(if appropriate)*
- Medical management of other existing diseases *(such as diabetes or circulatory disorders)*
- Elevation of lower extremity – lay with legs elevated higher than your heart
- Education in self care
- Physical therapy
- Whirlpool/hydrotherapy
- Hyperbaric oxygen therapy
- Surgery

**VENOUS STASIS ULCERS**
Venous stasis ulcers are the most common type of ulcer affecting the lower extremities. The typical venous stasis ulcer occurs on the lower leg, usually near the ankle. The ulcer is usually surrounded by skin with a rusty brown color, is generally shallow and not too painful. Elevation, ambulation, compression and possibly surgery (required for a small number of patients) are used in the treatment of venous stasis ulcers. Treatment can be frustrating and lengthy.

**ARTERIAL ULCERS**
Arterial ulcers are generally painful and may be difficult to treat. The ulcers can occur anywhere, but are generally seen on the top or outer surface of the foot.

While the treatment of an arterial ulcer has many goals, the primary goal is to increase the circulation to the affected area. This can be done through surgery or medically (for example with oral pills such as Trental). Treatment will depend on the cause of the ulcer and the patient’s overall medical condition.

**DIABETIC FOOT ULCERS**
Diabetics are prone to foot ulcers due to both neurologic and vascular complications. When ulcers occur, they are generally over the ball of the foot or on the bottom of the big toe. When diabetics get ulcers on the sides of the foot they are usually because their shoes don’t fit properly.
It is important to see your doctor immediately with every ulcer, even if the ulcer is not painful. When an ulcer is neglected, the diabetic patient is at risk for infections. This can lead to gangrene and amputation.

Peripheral neuropathy (a diabetic complication) can cause changes in or a complete loss of sensation in the foot and/or leg. When sensation is absent or decreased, the patient may not be aware of the need to shift the position of the foot in order to relieve pressure and stress. This can result in tissue ischemia (decrease in blood supply) and necrosis (tissue death) may occur, leading to ulcerations of the ball of the foot.

Small blood vessel disease (microvascular disease) is a significant problem for diabetics and can lead to ulcerations. Diabetics must keep their blood sugar under control, maintain a good body weight and avoid smoking, in order to reduce small vessel disease.

The treatment for a diabetic foot ulcer will depend on the cause of the ulcer. Sometimes the shoe is modified or a special (orthotic) device is used to shift weight away from the ulcer area. The correct wound care product must be used so extra drainage is absorbed and a moist wound bed is maintained. It is important that the wound edges are kept dry and the ulcer is watched closely for signs of infection. It may be necessary to have the dead tissue and any overgrowth of tissue around the rim of the ulcer removed (this is called debridement), since infectious organisms tend to thrive in these types of conditions.

You can protect your feet by following some basic guidelines.

- **Check your feet** by looking between the toes, at the toe webs, and on the bottoms (use a mirror if necessary). If you cannot see well, have a friend or relative check your feet every day. Look for blisters, cuts, redness, hard skin, breaks, swelling, and scratches. Feel the temperature of your feet. If they feel hot or cold, something could be wrong.

- **Wash your feet every day** and dry them carefully, especially between the toes. After bathing, seal in the moisture that remains with a thin coat of a lubricant. Use plain petroleum jelly, unscented hand creams, or other similar products. Do not put oils or creams between your toes because the extra moisture can lead to infection. Do NOT soak your feet unless ordered to do so by your doctor.
• **Don't put your feet into hot water.** Test water before putting your feet in it just as you would before bathing a baby.

• **If your feet are cold, wear socks.** Do NOT use heating pads, electric blankets or hot water bottles, since you can burn your feet without knowing it.

• **Don't cut off blood flow to your feet** and don't wear garters. Exercise is good for poor circulation. It stimulates blood flow in the legs and feet.

• **Don't use over-the-counter chemicals** on corns, calluses, or warts since they are often too strong for use by diabetics and can burn your feet.

• **Don't cut corns or calluses by yourself** (have your medical or foot doctor do this); Use a pumice stone daily, if needed.

• **Cut your toenails straight across** and file the edges. Do not rip off hangnails. If this cannot be done safely, let your doctor or foot doctor do this.

• **Don't be cheap with the feet!** Wear flat, comfortable, well-fitting walking shoes, as much as possible. Shoes should be fitted professionally and should be comfortable when you buy them. When necessary, break in your new shoes slowly.

• Be sure and **check inside your shoes** before wearing them to make sure there are no pebbles, nails, or other sharp objects in them. Check inside the shoe to make sure it is not rough and the lining is not torn.

• **Select your socks very carefully.** Make sure they do not have seams or other bumpy areas that can cause pressure and irritation. Padded athletic socks protect your feet and make walking more comfortable. Avoid wearing mended socks. Pull your socks on gently to prevent ripping a toenail.

• **Never walk barefoot** in order to prevent injury, cuts, and burns to your feet. Wear slippers at night when you get up.

  ![No smoking symbol]

  **Don't smoke!**

• **At the first sign of infection or inflammation, SEE YOUR DOCTOR!**

• **Receive a thorough foot examination by a physician at least yearly.** Diabetics having neuropathy should have a visual inspection of their feet at **every visit** with a health care professional.
SECTION III. Skin Care

Skin is your body’s largest organ and normal skin is warm, moist and slightly acidic. The skin’s role is to maintain your body’s inside (internal) temperature and to prevent germs, bacteria, etc., from entering your body. Therefore, it is very important to take care of your skin.

DAILY SKIN CARE MEASURES

It is important for you or your caregiver to check your skin every day. You may have to use a mirror in order to see all areas of your body. Pay particular attention to pressure points and any reddened areas that don’t go away after you change positions or relieve the pressure. It is also important to:

- use a soft cloth or sponge to prevent injury to the skin when bathing, etc.;
- clean your skin immediately if it becomes soiled;
- limit moisture from wound drainage, urine, stool or perspiration;
- use creams and ointment designed to protect the skin and absorbent pads or briefs to keep moisture away from the skin;
- lessen your risk of developing dry skin and irritation by taking a bath only when needed for comfort or cleanliness. A daily bath dries the skin and may not be needed;
- use warm water and a mild soap for bathing. Liquid moisturizing soap is best. Hot water is drying to the skin and strong soaps may irritate the skin;
- use creams and oils on the skin to prevent dryness. However, do NOT put creams and oils between toes; and
- stay out of the cold or dry air.

PREVENT SKIN INJURY

The following measures will help protect your skin from injury.

- Change position frequently to reduce pressure over bony parts of the body.
- Change positions at least every two hours if you are bed confined.
• If possible, shift your weight **every 15 minutes** if you are chair or wheelchair confined. Change positions at least **every hour**.

• **DO NOT** massage bony parts of the body. Tissue under the skin may be squeezed and damaged.

• When changing positions, it is important to lift (not drag) the body from one position to the other. Dragging can cause the top layer of skin to rub off from the friction and can damage the blood vessels under the skin. Use bed sheets or lifters when enough “man-power” is not available to help lift.

• Use a thin layer of corn starch on the skin to reduce friction.

• **DO NOT** use a donut shaped cushion because it will reduce blood flow and cause tissue swelling.

• Foam, gel or air cushions *(support surfaces)* can be used to relieve pressure if you are wheelchair or chair confined. A support surface *(special mattress; mattress overlay; or special bed)* that contains foam, gel, air or water may also be used to reduce pressure, if you are bed confined. Support surfaces help pressure ulcers heal and prevent new ones from developing. They increase support, lower moisture retention, reduce heat accumulation, reduce sheer and reduce or relieve pressure. Talk to your wound care team to decide which one is best for you.

• Don’t raise the head of the bed any higher than 30 degrees for any length of time. Damage to your skin and tiny blood vessels can occur when your skin slides over the surface of the bed.

• Use pillows or wedges between your ankles and knees to keep them from touching each other.

• **DO NOT** place pillows under the knees.

• Keep pressure off the heels by placing pillows under the legs from mid-calf to your ankles.

• When lying on your side, spread your weight and pressure evenly *(use pillows if needed)*. **DO NOT** lay directly on your hip bone.
SECTION IV. Nutrition and Wounds

When skin is healthy, skin damage is less likely to occur. Eating a well-balanced diet that is high in protein, vitamins and minerals is important for maintaining healthy skin and are essential for wound healing. If for some reason you can’t eat a normal diet, it is important to make your wound care team aware of this. If you are on a special diet (for example, reduced protein, low fat, low calorie) consult your physician before making changes to your diet. Your home care nurse, Therapist, dietician or physician will assist you in choosing the right foods or substitutes.

FOODS HIGH IN PROTEIN

Protein is the building block for new tissue and wound repair. The best sources of protein include:

- meat, fish, poultry, eggs, cooked dried beans, peas and soy products such as tofu;
- milk, cheese, yogurt, pudding, ice cream;
- peanut butter, peanuts, nuts and seeds;
- cereal and grain foods; and
- vegetables (contain small amount of protein)

The following are ways to add protein to your diet.

- When eating soup and crackers, spread some peanut butter or cheese on the crackers.
- Mix cheese into scrambled eggs.
- Add tuna, peanuts or beans to a salad.
- Use low-fat or fat-free milk instead of water to make gravy or soup.
- Add some cooked beans to cooked rice.
- Add fruit, bran cereal or chopped nuts to yogurt.
• Add a spoonful of fat-free dry milk powder to cream soups, casseroles and mashed potatoes.
• Add 2 tablespoons of skim milk powder to regular amounts of milk in recipes.
• Add milk powder to hot and cold cereals, scrambled eggs, soups, gravies, to ground meat casserole dishes, desserts and in baking.
• Used milk or half and half instead of water when making soup, cereals, instant cocoa, puddings or canned soups.
• Add diced or ground meat to soups and to casseroles.
• Add grated cheese or chunks of cheese to sauces, vegetables, soups and casseroles.
• Add cream cheese or peanut butter to butter on hot bread.
• Add cooked cubed shrimp, canned tuna, crab meat, diced ham or sliced boiled eggs to sauces and serve over rice, cooked noodles, butter toast or hot biscuits.
• Choose dessert recipes which contain eggs such as sponge and angel food cake, egg custard, bread pudding or rice pudding.
• Add peanut butter to sauces, use on crackers, waffles or celery sticks.

**VITAMINS AND MINERALS**

**Iron** is needed to help form the hemoglobin in the blood and carries oxygen to the body’s tissues. The best food sources of iron are found in:

- meat, fish, poultry, and eggs;
- green leafy vegetables;
- potatoes;
- dried fruit; and
- enriched bread and cereal products.

White foods (other than potatoes and bread) are not good builders of red blood.

**Zinc** is another mineral that has been found to be very important for wound healing. The best food sources of zinc are found in:

- seafood, fish, meat (pork & beef), poultry
- cheese
- nuts
Vitamin C is also associated with wound healing. The best sources of Vitamin C are fruits, citrus juices and vegetables and include:

- orange and grapefruit juice;
- oranges, grapefruit, strawberries, cantaloupe; and
- dark green vegetables, cabbage, and spinach.

### ADDING CALORIES TO DIET

You may need to eat more calories than you normally eat to promote wound healing. Calories provide the body with energy. The following are suggestions for adding calories to your diet.

- A teaspoon of butter or margarine will add 45 calories. Mix it into hot foods such as soups, vegetables, mashed potatoes, cooked cereal and rice. Serve bread hot since more butter is used as it melts into it.
- Mayonnaise has 100 calories per tablespoon - almost twice as much as salad dressing. Use it on salads, in eggs, with lettuce on sandwiches.
- Use peanut butter (it has protein as well as calories - one tablespoon is 90 calories). Spread it on fruit such as an apple, banana or pear, or stuff celery with it. Add it to a sandwich with mayonnaise or cream cheese.
- Spread honey on your toast, use it as a sweetener in your coffee or tea, and add it to your cereal in the morning.
- Sour cream or yogurt can be used on vegetables such as potatoes, beans, squash and carrots. Try them in gravies or as a salad dressing on fruit.
- Use sour cream as a dip for fresh vegetables. For a good dessert, scoop it on fresh fruit, add brown sugar and let it sit in the refrigerator for a while. One tablespoon of sour cream is 70 calories.
- Whipping cream is about 60 calories a tablespoon. Add it to pies, fruit, puddings, hot chocolate, Jell-o and other desserts.
- Add marshmallows to fruit or hot chocolate.
- Have snacks readily available to eat. Nuts, dried fruits, candy, popcorn, crackers and cheese, granola, ice cream, and popsicles all make good snacks. Milk shakes add calories and are especially easy to make in a blender.
- Powdered coffee creamers add calories without volume - add them to gravy, soup, milk shakes and hot cereal.
• Add raisins, dates or chopped nuts and brown sugar to hot cereals or to cold cereals for a snack.
• Meat, chicken and fish that are breaded are higher in calories than when broiled or roasted plain.

**HIGH CALORIE - HIGH PROTEIN BEVERAGE RECIPES**

The following are beverage recipes that add extra protein and calories to your diet. *If you are on a special diet, consult your home care nurse, therapist, dietician or physician before trying these recipes.*

**FORTIFIED MILK**
1 quart Milk
1 cup Instant Non-Fat Dry Milk

Pour liquid milk into deep bowl. Add dry milk and beat slowly with beater until dry milk is dissolved (usually less than 5 minutes) and then refrigerate. The flavor improves after several hours. Makes 1 quart - 19 grams of protein/275 calories per cup

**ORANGE BUTTERMILK SHAKE**
1 cup buttermilk
½ cup orange juice
2 tablespoons brown sugar
1 cup vanilla ice cream

Combine above in blender. Serves 1 - 15 grams of protein/530 calories

**ORANGE JUICE SHAKE**
1 cup orange juice
½ cup vanilla ice cream

Combine above in blender. Serves 1 - 5 grams of protein/260 calories

**BUTTERMILK SHAKE**
½ cup buttermilk
½ cup prepared lemonade
1¼ cups vanilla ice cream
¼ cup Eggbeaters

Combine above in blender. Serves 1 - 16.6 grams of protein/659 calories
PEANUT BUTTER SHAKE
½ cup heavy whipping cream
3 tablespoons smooth peanut butter
3 tablespoons chocolate syrup
½ cup vanilla ice cream

Place the above ingredients in blender; mix until smooth.
Serves 1 - 15 grams protein/829 calories

LEMONADE SHAKE
1 cup lemonade
½ cup vanilla ice cream
1 cup lime sherbet
¼ cup Eggbeaters or 1 egg

Combine all ingredients in blender and mix well.
Serves 1 - 10 grams of protein/436 calories

FRUIT NOG
¼ cup Eggbeaters or 1 egg
1 cup milk
1 jar strained baby fruit or ½ cup orange juice

Blend above; Serves 1 - 15 grams protein/275 calories

FORTIFIED FRUIT SMOOTHIE
1 package of Instant Breakfast
4 ounces whole milk
½ cup ice cream
¼ cup Eggbeaters or 1 egg
½ cup fruit (peaches, strawberries, bananas, apricots or pineapple)

Mix all ingredients into blender. Blend at low speed for 10 seconds.
Serves 1 - 20 grams of protein/485 calories

HIGH PROTEIN MILKSHAKE
¼ cup milk
¼ cup half and half
2 cups ice cream
1 package of Instant Breakfast

Blend until smooth.
Serves 1 - 17 grams of protein/839 calories
FLUIDS

Studies have found that as a rule, the majority of people are dehydrated. We simply don’t drink enough fluids! It is important for you to drink adequate fluids every day to have well nourished and hydrated skin and to promote wound healing. A well hydrated person can better fight off infection and wastes are carried out of the wound bed.

While many doctors recommend 8 cups (that is 64 ounces) of liquids a day, you will need to determine if you should limit your fluid intake to 8 cups a day, or if you should have more or less fluids than 8 cups. Talk to your doctor or home care nurse/therapist to determine how much fluid you should have every day.

If you are taking oral medication, take your medicine with a full glass of water. Adding lemon or orange flavor to water may improve its taste.

SECTION V. Medications

The following medications are commonly used in the treatment of wounds:

- Diuretics (water pills) - to decrease swelling
- Antibiotics - for infection
- Aspirin - may speed up ulcer healing
- Analgesics (pain medicine) - to treat pain

It is also important to remember that some medications you may take can actually delay wound healing (for example, Prednisone). Therefore, it may be necessary for your physician to make changes in your medications.

MEDICATION SAFETY

It is important to always follow the medication guidelines listed below.

- Ask your doctor or pharmacist about your medicines. Write them all down or take all of your medication bottles with you and show them to your doctor or pharmacist to keep from combining drugs inappropriately. If there are any changes, add them to the list. Follow your doctor’s orders for taking all medicines.
• Be sure you understand the name of the medicine, why you are taking it, how to take it, possible side effects, and side effects to report to your healthcare provider.

• Take your medications exactly as ordered/instructed.

• Do not stop or change medicines -- even if you are feeling better.

• Do not reduce the medication dose unless ordered to do so by your doctor.

• Do not skip doses of medication.

• Do not take more medication than is ordered by your doctor.

• Keep your medicines refilled at all times.
  
  • Use a chart or container system (egg carton or med-planner) to help you remember what kind, how much, and when to take medicine.
  
  • Take your medicine with a light on so you can read the label.

• Do not drink alcohol when you are taking medicine.

• Read the medicine labels and keep them in original containers.

• Store medications safely in a cool/dry place according to instructions on the label of the medication.

• If you miss a dose, do not double the next dose later.

• Dispose of old medications safely.

• Keep medicines away from children.

• Be sure to tell your health care provider about all your other health conditions.

• Tell your health care provider about all other medicines that you are taking (even non-prescription medicines such as aspirin, antacids, cold medicines, herbal preparations, vitamins). They may interfere with your prescribed medications. Also be aware that herbal preparations are not standardized or regulated by the FDA and their benefits may be exaggerated.

• Only take medication that is prescribed for you.

MEDICATION COST

The cost of medication(s) can vary widely. Since the same drug can vary in price from store to store, it is good to call around to find the best price for the medicine(s) you take.
Generic versions may be available and cost less than the brand name products. Most generic brands are reliable; however, you or your doctor may feel better using a medicine that has been made by the same company for many years.

It is common for patients to have trouble paying for their medicines, so let your home care nurse/therapist know if this is a problem for you. Sometimes financial assistance may be available from social services agencies or through different programs provided by drug companies. The home care nurse, therapist or social worker can help you apply for any available assistance.

**PAIN MANAGEMENT**

You may have pain in or near the wound. Make sure your home care nurse/therapist and doctor are aware of your pain. The doctor may order a pain medicine that requires a prescription; however, many over-the-counter drugs are also effective.

Changing your position may help decrease the pain. As a rule, a dressing over the wound is also helpful in decreasing pain. You may also find it helpful to take pain medication 30-60 minutes before a dressing change (or as ordered by your physician).

**Pain Medication Instructions:**

____________________________________________
________________________________________________________________________
________________________________________________________________________

**SECTION VI. Wound Care Procedures**

There are some basic steps in caring for wounds. However, it is important that you **follow instructions** of your home care nurse/therapist and doctor’s **specific instructions** if they are different than those outlined below.

**PREPARATION**

Keep all the supplies and equipment needed for your wound care in one area so you can assemble them easily. Always be aware of what you are doing that can cause or spread infection.
For example, if you answer the phone after you have washed your hands, you must wash your hands again before you continue preparing for the dressing change. Unless otherwise instructed, follow these steps:

- wash your hands with a liquid anti-bacterial soap and water (refer to handwashing procedure in booklet);
- gather supplies (saline, irrigation syringe or other irrigation device, basin, large plastic bag, dressings and tape, disposable plastic gloves, small plastic sandwich bag, towel, and any optional articles such as goggles, glasses and/or plastic apron);
- get (or move the patient) into a comfortable position; and
- protect the bed (or other area) with the large plastic bag.

Other/Additional Instructions: ______________________________________
_____________________________________________________________________

**DRESSING REMOVAL**

Remove the dressing from the wound as follows, unless instructed otherwise:

- loosen the tape and/or adhesive dressing from skin surface;
- place your hand inside the small plastic sandwich bag;
- grasp the old dressing with your bag-covered hand and pull off dressing; *(If the dressing is stuck to the wound, it may need to be moistened with saline prior to removal. Consult your home care nurse/therapist or physician first.)*
- turn the bag inside-out over the old dressing; and
- close the bag tightly before throwing it away; Follow the disposal guidelines outlined in the infection control area of this booklet.

Other/Additional Instructions: ______________________________________
_____________________________________________________________________

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WOUND CLEANSING/IRRIGATION

Follow the irrigation procedure below unless instructed otherwise:

- if wound drainage might splash, put on goggles or glasses and a plastic apron;
- wash your hands;
- put on disposable plastic gloves;
- fill syringe or other irrigating device with saline or other irrigation solution ordered by physician;
- place basin under the wound to catch drainage;
- hold syringe or irrigation device one to six inches away from the wound and spray the wound with saline;
- use enough force to remove the old drainage, etc., being careful not to injure new tissue in the wound;
- remove the basin carefully so you don’t spill the fluid; and
- use a soft clean towel to pat dry the area around the wound.

**NOTE:** As a general rule, antiseptics such as hydrogen peroxide or iodine are not used since they can damage sensitive skin and prevent healing.

Other/Additional Instructions:

___________________________________________
___________________________________________

WOUND ASSESSMENT

The best time to assess how the wound is healing is during the wound care procedure, after the wound has been cleaned and irrigated. If you have new tissue at the bottom of the wound, it will look pink or light red in color, be glossy and may appear lumpy. Be very careful not to damage the new tissue.

Let your home care nurse/therapist or doctor know if the wound is larger, if there is more drainage, if it looks infected, or if the wound does not show signs of healing within 2 to 4 weeks of treatment.

DRESSING THE WOUND

Your doctor will coordinate your specific wound care treatment with your wound care team. They will teach you how to care for your wound and how to properly apply the dressing to the wound.
It is important to remember the following guidelines for all types of dressings.

- Store dressings in a clean, dry place.
- Keep the dressings in their original package or other closed plastic package.
- Throw out the entire packet of dressing if any dressings in the packet get wet, dirty or contaminated.
- Use the dressings only once.
- Always wash your hands before touching the clean dressings.
- Once you have touched the wound, don’t touch the packaged dressings.

Other/Additional Instructions: ____________________________________________________________
____________________________________________________________________________________

**MAKING SALINE**

Saline is another name for salt water. Saline is the solution that is usually used to clean or irrigate wounds. Saline solution can be purchased; however, it is much cheaper to make your own. **Make sure to get your doctor’s approval before making your own saline.** Make saline using the following “recipe”:

- use one (1) gallon of distilled water or boil one (1) gallon of tap water for 5 minutes. Do NOT use well water or sea water;
- add 8 teaspoons of table salt to the distilled water or boiled water;
- mix the water and salt solution well in a clean container (one that has been boiled) until the salt is completely dissolved. Pour into a clean glass or plastic bottle/storage container (one that has been boiled);
- cool saline to room temperature before using it; and
- always put the date and time the solution was made on the bottle.

The saline solution can be stored at room temperature in a tightly covered glass or plastic bottle for up to one (1) week.

Other/Additional Instructions: ____________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
SECTION VII. Types of Dressings/Treatment(s)

**Dressings** - have multiple functions. Dressings are designed to:
- fill dead space
- control odor
- cover wound
- decrease pain
- absorb drainage
- reduce infection
- maintain a moist environment
- protect wound
- remove dead tissue *(debride wound)*
- compress

There are numerous dressing categories and each category has its advantages, disadvantages and indications for use. They can be very basic *(like gauze and tape)*, or they can be very advanced *(for example, alginates, collagen, foams, debriders, hydrocolloids, hydrogels, transparent films)*. Your clinician will match your dressing to your wound type.

It is possible for a dressing to cause an allergic reaction. If you develop redness, itching or a rash, call your home care nurse/therapist or physician immediately.

**Cleansers** - Cleaning is an important step in wound care for all wounds since it is necessary to keep wounds free from debris. Some brands of cleansers are self-cleansing and self-rinsing, some contain surfactants, antimicrobials and preservatives, while other brands are alcohol free, antimicrobial, non-allergic and non-toxic.

**Growth Factors** - have shown to promote growth of skin, soft tissue and blood vessels. They are very expensive and not all types are covered by Medicare.

**Warming Devices** - are now being used to warm the wound bed to aid in the healing process.

**Vacuum Assisted Closure** - this system uses a pump and a special sponge to create suction within the wound, which draws the skin together.

**Debridement** - is the removal of dead tissue and wound debris. This promotes healing and decreases the risk of infection. Debridement can be done by using a whirlpool, wet to dressings, medication or by using a sharp instrument to remove dead tissue from wound.
SECTION VIII. Infections & Wounds

Infected wounds heal more slowly. Infection can also spread to the area around the wound, to the bone under the wound or throughout the entire body. If you notice any sign(s) of infection, please call your home care nurse/therapist or your doctor immediately.

SIGNS AND SYMPTOMS OF INFECTION

The following are signs and symptoms of wound infection:
- thick green or yellow drainage;
- foul odor or change in odor;
- redness or warmth around the wound;
- tenderness of tissue around the wound;
- swelling; and/or
- wound not healing in spite of doing everything right (*silent symptom*).

Signs and symptoms of a widespread infection include:
- fever or chills;
- weakness;
- confusion or difficulty concentrating; and/or
- rapid heart beat.

INFECTION CONTROL AT HOME

HANDWASHING - Wash your hands before and after giving any care to yourself (or the patient), even if you are wearing gloves; before handling or eating foods; after using the toilet or changing a diaper; handling soiled linens; working with a catheter; touching pets; or when coughing, sneezing or blowing the nose.

Handwashing needs to be done frequently and correctly:
- remove jewelry;
- use warm water and soap (*liquid antibacterial soap is best*);
- hold your hands down so water flows away from your arms;
- scrub for 15-30 seconds, making sure you clean under your nails and between your fingers;
- dry your hands with a clean paper towel (*or clean cloth towel*);
- use a new paper towel to turn off the faucet; and
- apply hand lotion after final washing (when wound care has been completed) to help prevent and soothe dry skin.

*Washing your hands is the single most important step in controlling the spread of infection.*
Contaminated materials such as soiled bandages, dressings or surgical gloves can spread infection and harm the environment. If not disposed of properly, these items can injure trash handlers, family members and others who could come in contact with them. Dispose of these items in waterproof (plastic) bags. Fasten the bag securely, place it in another bag (double-bag), fasten securely and dispose of the contaminated material in the trash (or according to local/state regulations). Keep the trash out of the reach of pets.

Soiled laundry (laundry containing blood, drainage, stool, urine, etc.) should be washed apart from other household laundry in hot soapy water. Handle these items as little as possible to avoid spreading germs. Household liquid bleach should be added if viral contamination is present (1 cup bleach to 10 cups water solution is recommended).

Equipment used by the patient should be cleaned immediately after it is used. Small items (except thermometers) should be washed in hot soapy water, rinsed and dried with clean towels. Household cleaners such as disinfectants, germicidal liquids or diluted bleach may be used to wipe off the equipment. Follow equipment cleaning instructions and ask your home care nurse/therapist for clarification.

Thermometers should be wiped with alcohol before and after each use and stored in a clean, dry place.

You can also help prevent infection by:

- treating all body substances (blood, stool, vomit) as potentially infectious;
- using proper housekeeping measures;
- wearing protective equipment when necessary (gloves, mask, etc.);
- providing good ventilation to prevent spread of germs through the air;
- using liquid antibacterial soap and changing towels and washcloths daily or if soiled or using paper towel; and
- keeping bathroom and kitchen cooking areas clean.
SECTION IX. Daily Activities

The type, severity and location of your wound may determine how your daily activities will be affected. What once was easy to do may now be very difficult to do. Talk to your doctor and home care nurse/therapist about daily activities like work, recreation, and leisure activities.

You doctor or home care nurse/therapist should advise you about the kind and amount of activity and exercise permitted or any restrictions.

Activity Restrictions/Instructions: ____________________________________________
________________________________________________________________________

SECTION X. Monitoring Your Progress

Your wound should be examined by your doctor or home care nurse/therapist on a regular basis. The frequency of their examinations will be based on the size of the wound, how well it is healing, the presence of complications, your ability for self care or your caregiver’s ability to provide wound care, and third-party payor (insurance) guidelines. You and/or your caregiver are important members of the wound care team and are responsible for reporting changes in your wound to your doctor and/or home care nurse/therapist.

SIGNS AND SYMPTOMS TO REPORT

As a general rule of thumb, you should see signs of healing within two to four weeks. Infected wounds usually take longer to heal. As healing takes place, the wound will decrease in size and depth and you will notice less drainage. New tissue at the bottom of the wound will look light red or pink and looks glossy and lumpy.

Notify the home care nurse/therapist or your doctor if you notice any of the following:

- your wound is larger or deeper;
- more fluid drains from the wound;
- the wound is not showing signs of healing after 2-4 weeks of treatment;
- there are signs of infection (see Infections & Wounds, Section VIII);
- you are unable to eat a well-balanced diet;
- you can’t or are having trouble performing the treatment plan; and/or
- your overall condition is becoming worse (for example, shortness of breath increases or your blood sugars become more elevated).

Additional Signs and Symptoms to Report: ________________________________
________________________________________________________________________
SECTION XI. Medical Intervention/Follow-up

As with any relationship, it is important to be open, honest and communicate with your doctor and home care nurse/therapist.

They will rely on you to follow their recommendations and instructions about your wound care dressing changes, medication, diet, activity, and exercise. They will also depend on you to report the progress you make, as well as any problems you encounter. They will depend on you and/or your family/caregiver for information about your symptoms and any changes in your condition. Your input will effect decisions regarding your treatment.

Your home care nurse/therapist may take photographs of your wound(s) to document your progress. They will ask for your written consent before photographs are taken.

Blood tests may be required periodically to check your total protein, albumin, iron and glucose levels, as well as a complete blood count (CBC). Oxygen saturation levels may also be performed.

Be sure and keep your doctor appointments. The home care nurse/therapist is ordered to work with your doctor, not replace the doctor. Your doctor is the only one who can make changes in your plan of care, medications, or treatments. Make the most of your doctor appointments or of the home care staff’s visits by asking questions, raising concerns and sharing your observations and feelings with them.

- It’s a good idea to keep a notebook or use this booklet to record changes you have noticed in your wound.
- Prepare a list of questions in advance so you don’t forget to ask them. Write down the doctor’s response to your questions.
- Don’t withhold information that you think would be minor. It may be very important to your treatment and condition.
- Make sure the doctor, pharmacist and home care staff know all the medications (prescribed and over the counter) you are taking.
- Don’t leave the doctor’s office until you understand all of the doctor’s instructions and don’t hesitate to call the doctor later if something comes to mind that you forgot to ask or report.
1. Initial Wound Care Procedure:
   Frequency: __________________________________________________________
   Cleanse/Irrigate wound with: __________________________________________
   Dry wound with: _____________________________________________________
   Fill wound with: _____________________________________________________
   Cover wound with: ___________________________________________________
   Secure dressing with: _________________________________________________
   Other/Comments:_____________________________________________________
   ___________________________________________________________________
   ___________________________________________________________________
   ___________________________________________________________________

2. Diet ordered by physician: (caloric & protein requirements, diet/fluid restrictions, etc.)
   ___________________________________________________________________
   ___________________________________________________________________

3. Weight gain/loss goal(s): _______________________________________________

4. Exercise/Activities permitted and/or restrictions:
   ___________________________________________________________________
   ___________________________________________________________________

5. Signs and symptoms to report: _________________________________________
   ___________________________________________________________________
   ___________________________________________________________________
   ___________________________________________________________________

6. Lab work due: _______________________________________________________

7. Physician Appointment(s): _____________________________________________

8. Additional information/comments: _____________________________________
   ___________________________________________________________________
   ___________________________________________________________________
   ___________________________________________________________________
   ___________________________________________________________________

Staff Signature: _______________________________________ Date:_____________
Wound Care Plan

Revised/New Wound Care Procedure:
Frequency: __________________________________________________________
Cleanse/Irrigate wound with: __________________________________________
Dry wound with: _____________________________________________________
Fill wound with: _____________________________________________________
Cover wound with: ___________________________________________________
Secure dressing with: _________________________________________________
Other/Comments: _____________________________________________________
_____________________________________________________________________

Staff Signature: ____________________________________ Date:_____________

Revised/New Wound Care Procedure:
Frequency: __________________________________________________________
Cleanse/Irrigate wound with: __________________________________________
Dry wound with: _____________________________________________________
Fill wound with: _____________________________________________________
Cover wound with: ___________________________________________________
Secure dressing with: _________________________________________________
Other/Comments: _____________________________________________________
_____________________________________________________________________

Staff Signature: ____________________________________ Date:_____________

Revised/New Wound Care Procedure:
Frequency: __________________________________________________________
Cleanse/Irrigate wound with: __________________________________________
Dry wound with: _____________________________________________________
Fill wound with: _____________________________________________________
Cover wound with: ___________________________________________________
Secure dressing with: _________________________________________________
Other/Comments: _____________________________________________________
_____________________________________________________________________

Staff Signature: ____________________________________ Date:_____________
Record any changes in the wound. Place an X in the box under the time wound care was performed and date.
## Turning & Positioning Documentation Worksheet

Record when patient is turned and positioned by placing a (B) in box if in bed; (C) in box if in chair; (W) in box if in wheelchair.

<table>
<thead>
<tr>
<th>Turned &amp; Positioned</th>
<th>Morning</th>
<th>Afternoon</th>
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## PATIENT/CAREGIVER EDUCATION/TEACHING CHECKLIST

**PATIENT NAME:** ___________________________  **PATIENT ID:** ___________________________

Check what was taught and who received instruction patient or caregiver (CG). If both patient and caregiver received instruction, check both areas. Record date instruction was provided. Write initials of staff member providing instruction.

<table>
<thead>
<tr>
<th>Item Number</th>
<th>Patient</th>
<th>Caregiver</th>
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**Item Number** | **Comments**

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**TEMP = Temperature  B/P = Blood Pressure  BS = Blood Sugar**

**COMMENTS:**

________________________________________________________________________
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Your professional health care staff

Nurse: ________________________________
Team Leader: __________________________
Home Health Aide: ______________________
Therapist: ______________________________
Social Worker: __________________________

________________________________________________________
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Important Phone Numbers (Patient to complete)

Ambulance/Police/Fire
911 or __________________

Hospital

Doctor

Doctor

Non-Emergency Transportation

Pharmacy

Poison Control
911 or __________________

HME (Oxygen)

Electric Company

Phone Company

Water Company

Family

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