

Making Bedside Wound Management Decisions in Long-Term Care

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In the long-term care (LTC) setting where the number of Registered Nurses (RN) and specially trained wound care nurses may be limited, Licensed Practical Nurses (LPN) and Certified Nursing Assistants (CNA) typically provide resident care. For optimal resident outcomes, it is critical that nurses and CNAs focus on pressure ulcer prevention, assess wounds accurately and in a timely manner, and initiate appropriate interventions. The pressure ulcer or wound is not just a nursing problem—it is an issue where every member of the care team contributes to positive outcomes.

Staff education and training are two of the biggest challenges in LTC wound management. Classroom education does not always carry over to the bedside. Nurses often report difficulties incorporating wound care principles into actual practice. Based on the theory that “a picture is worth a thousand words,” our facility developed an interdisciplinary, hands-on, bedside education program. Staff members are taught, at the bedside, wound assessment/characteristics, pressure ulcer staging, identification of anatomical structures, possible treatment options, support surface selection, and other important skills.

Each member of the care team has specific areas of responsibility. RNs and LPNs are responsible for treatments and monitoring of wound healing. Therefore, RNs learn wound assessment techniques and how to determine appropriate wound treatment options; LPNs are offered instruction on basic wound principles, dressing application techniques, and what wound changes to communicate to the RNs. CNAs are taught, through demonstration, resident-specific care techniques such as preventive care and pressure redistribution/repositioning. Physical therapists and occupational therapists are responsible for making appropriate seating and positioning recommendations. The dietitian provides recommendations to address nutritional support in wound healing. Other team members—eg, social services or activities staff—may become involved based on patient need or condition.

The optimal treatment technique for the specific wound evaluated is selected and team members begin developing the plan of care according to evidence-based research. Team members trained in this hands-on manner have reported they are more comfortable with managing complex wounds. As a result of the training program, outcomes in nursing documentation, wound product selection, wound healing time, and incidence of inhouse pressure ulcers have improved. Additionally, the teamwork skills learned in wound care have led to improvements in both resident satisfaction and staff communication. ■

Commentary from Ferris Mfg. Corp.

In the long-term care setting, resident care is assessed, initiated, monitored, and provided by members of the interdisciplinary care team. Focused on achieving the best resident outcomes, the care plan team continuously strives to optimize both quality of care and quality of life for each resident. PolyMem® dressings have an important role in these efforts by helping create an optimal healing environment, streamlining the process of treating wounds, and enhancing patient comfort.

Indicated for use on all types of wounds, multifunctional PolyMem QuadraFoam® dressings effectively cleanse, fill, absorb exudate, and moisten wounds throughout the healing continuum while helping relieve persistent and procedure-related wound pain. No other wound dressing combines these key wound-healing capabilities like PolyMem.

Simple to use, with multiple configurations for a variety of wound needs, PolyMem dressings help ensure the highest quality care by reducing wound bed cleansing time, increasing the time between dressing changes, and allowing more time for clinicians to focus on the patient, not just the wound.¹ PolyMem dressings also reduce the spread of the inflammation response into the surrounding uninjured tissues by altering the nociceptor nerve response without interfering with the localized inflammatory response necessary for healing the wound.² Thus, PolyMem dressings help interrupt the self-perpetuating cycle of pain and swelling often associated with chronic and acute injuries. Reducing pain in the wound bed and at dressing changes can contribute to increases in resident adherence to wound care and satisfaction in the post-acute care setting. ■

Reference

1. Bolhuis J. Evidence-based skin tear protocol. *Long-Term Living*. 2008;57(6):48–52.
2. Beitz AJ, Newman A, Kahn AR, Ruggles T, Eikmeier L. A polymeric membrane dressing with antinociceptive properties: analysis with a rodent model of stab wound secondary hyperalgesia. *J Pain*. 2004;5(2):38–47.

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