



Wound Care for Medical Group

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Tetanus

It is important to know a person's tetanus immunization status (for example, has the person had a tetanus shot or booster vaccine in the last 5 years?) Patient may need a booster dose. This also applies to burns.



**Wash your hands before AND
after using gloves**



Contusion: A wound that doesn't break the skin, causing bruising.

Treatment

- Anti-inflammatory medication
- RICE-rest, ice, compresses, elevation





Hematoma: Swelling from clotted blood within tissues

Treatment

- Location dictates treatment
- Pain is treated with acetaminophen (Tylenol)
- Some may require surgical drainage



Abrasion: Skin damaged by scraping or rubbing

Treatment

- Clean gently with saline and gauze
- If painful apply topical analgesic
- Apply antibiotic ointment to prevent infection and keep wound moist
- Dressing wound is optional
- Avoid sun, as wound can develop permanent hyperpigmentation



Skin tears: wounds caused by mechanical force, have a high probability of becoming complex chronic wounds without proper treatment.



Treatment

- Gently clean the wound with warm clean water.
- Gently pat dry with a clean towel.
- If a skin flap is still attached, try to replace it by gently rolling the skin back over the wound. Do not cut the skin flap off.
- Cover the wound with a clean, non-stick pad.
- Use a stockinette instead of adhesive dressings or tapes.

Barrier film would be a good idea but Bacitracin is not needed unless there is concern for infection.



Skin tears: fragile skin tears (continued)

Treatment (continued) Do's and Don'ts

- Do hydrate the wound if dry
- Do approximate wound edges
- Do soak off old dressings with saline
- Do NOT remove steri strips- they are to fall off on their own
- Do NOT put gauze directly onto wound without first placing non-adherent dressing on wound



Puncture wound or bite

Treatment

Allow provider or RN to assess depth prior to treating

- Clean wound with saline, irrigate wound heavily with saline
- Cover with dry protective dressing such as foam or ABD pad
- Apply packing as directed by provider

All bites need to be reported to animal control in your area.

Salt Lake County Animal Services 385-468-7387

Utah County Animal Services 801-851-4049

Weber County Animal Services – each city has their own

Cache County Animal Services 435-755-1000







How to apply steri-strips: Be careful NOT to pull them to one side, just place them. Mastisol can be used with steri-strips.



Venous Stasis

Wounds are located on lower extremities with discoloration caused from poor venous return. Edema is often present.

- Cleanse open wounds with saline or wound cleanser
- Provider to assess cardiac function prior to dressing
- Apply non-adherent Vaseline gauze or xeroform to open wounds. Then apply an absorbent dressing if moderate to large amounts of drainage are present. over the dressing.
- Apply compression wrap in a spiral from toes towards knees, stop 1 inch below knee. Use stockinette to secure
- RN to assess patient's capillary refill it should be less than 3 seconds. Assess patient's response make sure wraps are not too tight.



Venous Stasis (continued)

- DO NOT put Coban on patient with:
- Arterial disease in legs
- Infected wound
- Decompensated CHF
- DO NOT put Coban wrap on patient that does not have a follow up appointment or is unable to remove the wrap themselves
- DO have a provider assess patient prior to wrapping
- Do tell your patient to remove wraps if they become too tight, or pain increases, or toes become discolored, or capillary refill is greater than 3 seconds
- Educate patient to keep wrap clean and dry
- Make sure patient has follow up appointment with Wound Center.



Coban 2 Layer Compression System

Used for venous leg ulcers, lymphedema, chronic edema, and other conditions as directed by provider.



Incisions requiring stitches



Incision requiring stitches

- Staples and stitches are a sterile procedure. Refer to training on sterile tray set up [Sterile tray set up](#)
- Consult provider on products and equipment needed for set up and cleaning of wound



Burns



Burn treatment

- Obtain history of injury (if eyes are involved, get provider immediately!)
- Determine source of burn, length of time, how long since occurrence, etc.
- Do not clean or touch the burn until directed by provider.
- For more information [Lippincott Procedures - Burn care \(lww.com\)](#)

Thank you for watching

