



Wound Care, Part I

Sores, wounds or ulcers are three words used to describe a break in the skin or deeper tissues. Most health care professionals refer to these as wounds.

All wounds heal the same way: Open wounds build up new red tissue and then cover the red tissue from the edges of the wound with new skin. If you have a disease such as diabetes or an infection, the new tissues grow slower.

You are a key member of the wound care team and will be taught how to care for your wound at home between clinic visits to your health care provider. Even with very good wound care, not all wounds heal. Most wounds can be kept clean and you can be made comfortable. Helpful hints and signs to watch for are listed here to guide you to successful wound care.

Chronic wounds are those wounds that do not heal well. Without proper wound care, chronic wounds may remain as open sores for a long time.

They are very common medical problems, resulting from a surgical wound that opened, pressure to a bony area that breaks open (a bed sore or pressure ulcer), an injury to feet and legs that have poor circulation (an arterial or venous ulcer) or loss of feeling due to diabetes (diabetic ulcers). Factors that can slow wound healing include poor nutrition, swelling of the legs, diseases of the liver, kidneys, lungs, infection, chemotherapy, radiation, diabetes, etc.

There are three important things you need to know to care for your chronic wound:

- **Keep the wound clean and free from infection.**
- **Keep the wound moist.**
- **Keep the wound free from injury.**

This patient education handout will address keeping the wound clean and free from infection. Another handout, Part II, will address the other two.

KEEP YOUR WOUND CLEAN

All wounds have germs, which will form pus. Dead tissue is often seen in chronic wounds. To control germs, it is important to clean the wound of any dead tissue. Dead tissue is yellow, black or tan and should not be confused with a scab. The medical term for removing dead tissue is debridement. After debridement expect the sore to get bigger and deeper because the dead tissue is removed from the space. Expect the wound to be red or pink in color and look like fresh meat.

Your health care provider may recommend you try one of following ways to debride wounds:

Keep the wound moist with a special bandage (also known as the dressing) to allow the body's own juices to dissolve the dead tissue (autolysis).

Apply special chemicals called enzymes to dissolve the dead tissue.

Remove dead tissue with a sharp instrument, which may cause a little bleeding and be painful. This is called sharp debridement. Only a skilled nurse, physical therapist, podiatrist or physician should perform this procedure. **Helpful Hint:** Take a pain pill one hour before you receive sharp debridement.

Tell your health care provider if:

More dead tissue is seen in the wound after it is debrided.

Cleanse wounds at each dressing change. Use a normal saline (salt water) solution for most wound cleansing. Gently wipe the wound tissue of drainage and debris. Clean the wound

with warm fluids that will soothe the wound. **Helpful Hint:** test the temperature of the fluid on the inside of the wrist like you test the temperature of milk for a baby.

Do not cleanse the wound with skin cleansers, alcohol, peroxide, iodine or soaps with antibacterial chemicals as these can damage the wound tissue and slow healing. If your health care provider gives you a wound irrigation product to help flush the drainage from the wound, use it as directed.

Tell your health care provider if:

- There is pain when you cleanse the wound.
- You are uncertain about using the wound irrigation product.
- The wound becomes dried out and looks dark red like old meat.

WOUND DRAINAGE

At first there will be more wound drainage (pus), but expect less as the wound heals. There should be a gradual reduction in wound drainage over three to five days.

When you remove your bandage (dressing), look at it to measure and grade the amount of drainage.

0 – A dry bandage means there is no drainage.

1 – A small stain means there is scant drainage.

2 – If the stain on the bandage matches the wound size and shape, the drainage is small.

3 – If drainage soaked through the bandage, it is moderate.

4 – If drainage is overflowing the bandage, it is heavy. ►

The purpose of this patient education handout is to further explain or remind you about a health issue. This handout is a general guide only. If you have specific questions, discuss them with your health care provider.

Another characteristic of wound drainage is its color:

- Thick yellow or green drainage with a bad odor or thin or thick tan or yellow is pus.
- Pale red or pink, thin and watery is a mixture of blood and fluid and often follows the pus stage.
- Sometimes the drainage is thin, bright red and bloody.
- As the wound heals more, the drainage should become thin, watery, clear or light yellow in color.

Tell your health care provider if:

- The drainage does not reduce over three to five days.
- If thin watery drainage becomes thick tan or yellow or bad smelling (pus).

INFECTION

Anyone can get an infection, but you are more likely to develop an infection if your immune system is weak from cancer, transplants, intensive care, long hospitalizations or tubes for intravenous lines or urinary catheters.

While dead tissue is dissolving, the wound may produce a lot of pus that has a bad smell. If that bad smell goes away after cleaning, then the wound is probably not infected.

Helpful Hint: Prevent infection with good hygiene, including frequent hand washing with soap and warm water. Be sure to wash hands before, during and after changing the wound dressing.

Tell your health care provider if:

You have any of the following signs of an infected sore, including:

- thick green or yellow pus (drainage)
- foul odor
- heat around the sore
- tenderness or pain around the sore
- swelling
- redness or deepening of the skin color around the sore.

More widespread signs of infection include fever or chills, weakness, confusion, difficulty concentrating or rapid heartbeat.

Your health care provider may take a

sample of the wound drainage and send it to the laboratory for analysis, which will help identify the germs that are causing the infection and prescribe the proper medicine.

ASSESS THE SORE

Assess the sore regularly at every dressing change. New tissue at the bottom of the sore should be light red or pink and look lumpy and glossy. Do not disturb this tissue since it is very fragile and will bleed easily. Good wound care means that you follow the directions carefully. In Part II, we will more fully address protecting the wound.

Helpful Hint for persons of color: New skin is always pink or white in persons of color. After a while the skin may return to its original color or it may remain lighter.

Tell your health care provider if:

- There is no signs of healing in two to four weeks.
- You are having difficulty managing your wound. ■

NOTES



Prepared by Carrie Sussman, PT, co-author of Wound Care: A collaborative practice manual for physical therapists and nurses, Proed Inc. 2001 (www.proedinc.com) and the Sharp Debridement of Wounds Video Series. The information in this handout is adapted from the Wound Care Patient Education Resource Manual, C Sussman 2002. For more information, visit www.aspenpublishers.com.

