5 Things Nurses and Other Team Members Need to Know about Wound Care

According to the National Center for Health Statistics, nearly half of people over age 65 are predicted to experience at least one pressure ulcer in their life. This risk is even higher for frail older adults who have issues such as reduced mobility, poor nutrition, and urinary incontinence. Wound care is complex and challenging. Even if a facility has a dedicated wound care practitioner or team, there are some things everyone who provides direct care need to know:

1. **Common definitions/language**
   Everyone on your team needs to use the same definitions and language regarding wounds and have a common understanding of skin/wound care. For instance, skin failure is generally defined as the "skin's inability to perform its important barrier functions due to one or more pathophysiologic factors that disrupt the cutaneous barrier at the cellular level. When this happens, pressure ulcers can form." Your nurses and other care team members should share such basic definitions and understand what this means to their residents.

2. **Wound care starts at admission**
   The admitting nurse should be trained to recognize the most common wounds and their characteristics, and they must know how to document and communicate this information with the physician and other clinicians. If a wound is identified on admission, it calls for development of a prompt treatment plan. "Early identification and treatment can reduce or even eliminate the need for antibiotics and/or expensive, complex treatments," said Joey Lau, a nurse consultant with PharMerica.

3. **Detailed, complete documentation**
   Minimum standards for wound care documentation are found in Section 483.25 of Appendix PP of the State Operations Manual, and F-tag 686 (Treatment/Services to Prevent/Health Pressure Ulcers). "Other documents such as the Resident Assessment Instrument can offer guidance about wound document and reporting requirements. Everyone who plays a role in wound care, as well as general resident assessment, need to know what they should document and how frequently," said Lau.

   He added that conversations related to wounds with residents and family members should be documented as well. He stressed, "Documentation should meet or exceed requirements in F-tag 685. But, basically, this involves three key elements: assessment, daily monitoring, and weekly documentation." He advised having a formal system/protocol for monitoring and documentation.

4. **The role of technology**
While not everyone will be involved in direct wound care, it is important for all team members to know about the latest technology and tools available to manage wounds. For instance, one recent study observed that "wound dressings have evolved from the traditional cotton gauze to composite materials embedded with appropriate ingredients such as metal-based nanoparticles." There also are drugs and formulations to help manage pain, inflammation, infections, and accelerated healing. Lau suggested, "It is important for the facility to keep up on the research, innovations and best practices related to wound management and train team members on an ongoing basis."

5. **Team education/training needs to be widespread, ongoing, and hands on**
"Many nurses and CNAs don't have experience or knowledge about wound care. The good news is that you don't have to reinvent the wheel. There are many resources and materials out there with up-to-date, relevant, and evidence-based information," said Lau, such as Wound Care Infection Prevention Recommendations for Long-Term Care Facilities.

   Additionally, organizations such as the National Pressure Injury Advisory Panel, American College of Clinical Wound Specialists, Academy of Physicians in Wound Healing, Association for the Advancement of Wound Care, National Association of Directors of Nursing Administration in Long-Term Care, and AMDA – The Society for Post-Acute and Long-Term Care Medicine may have some resources and programming. Of course, there is no substitute for hands-on training, so staff should engage in regular opportunities to demonstrate their wound care skills and update them as needed.

   Lau added, "Both CNAs and family members should be aware of what wound care – such as bandages and dressing – should look like so they can identify when something needs to be reapplied or replaced."

While much can be done to prevent wounds from developing, it is important for the team to realize that not every wound is preventable. When a wound does develop or an existing wound isn't healing, it is important to avoid blame and finger-pointing. "Wounds can be a source of fear for the care team. They worry they will get in trouble if a wound develops or doesn't heal on their watch. Instead, they should be encouraged to report any concerns promptly. The quicker a wound is identified, the faster it can heal," said Lau.

Nurses and other team members also should be encouraged to prioritize the basics. This means, said Lau, "consistency in wound care and keeping everything clean." Additionally, he offered, "Make sure the resident is eating properly, getting adequate hydration, and is being turned on a schedule. Avoid sheets or blankets that can irritate the skin and keep residents dry and the wound area free of urine and sweat."

When the team is engaged, trained, connected, and consistent, wounds can be managed effectively with better outcomes and quality of life for residents and less burden and stress on staff.