

Wound Care Best Practices in the LTACH Setting

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Disclosures

- None



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objectives

- Identify 3 components of pressure injury risk assessment
- Identify 3 components of pressure injury prevention
- Identify 5 members of the interdisciplinary pressure injury team



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What is a Ltach?



- VDRF
- Hemodialysis
- Complex wounds
- Multiple infections
- Chronic critical illness



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What's the big deal?

| Setting or Population | Prevalence Rates | Incidence & Facility-Acquired Rates |
|------------------------|------------------|-------------------------------------|
| Acute Care | 0-46% | 0-12% |
| Critical Care | 13.1-45.5% | 3.3-53.4% |
| Aged Care | 4.1-32.2% | 1.9-59% |
| Pediatric Care | 0.47-72.5% | 0.25-27% |
| Operating Room Setting | ----- | 5-53.4% |

Summary of Ranges of pressure ulcer prevalence and incidence reported in selected peer-reviewed literature published between 2000 and 2012 (NPUAP/EPUAP/PPPIA, 2014)



What's the big deal?

- Mortality increases
- Costly- 11 billion per year in US (IHI, 2011)
- Up to five-fold increase in LOS (Allman, 1999)
- Litigation



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Goals

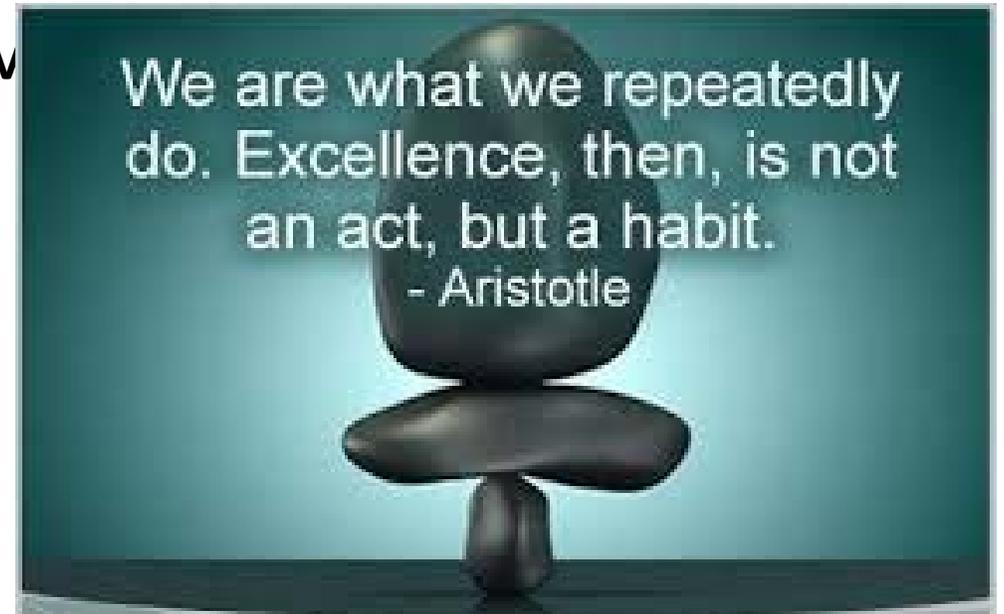
- Strive for excellence
- Heal where possible, palliate where not
- Align patient/family/provider goals for



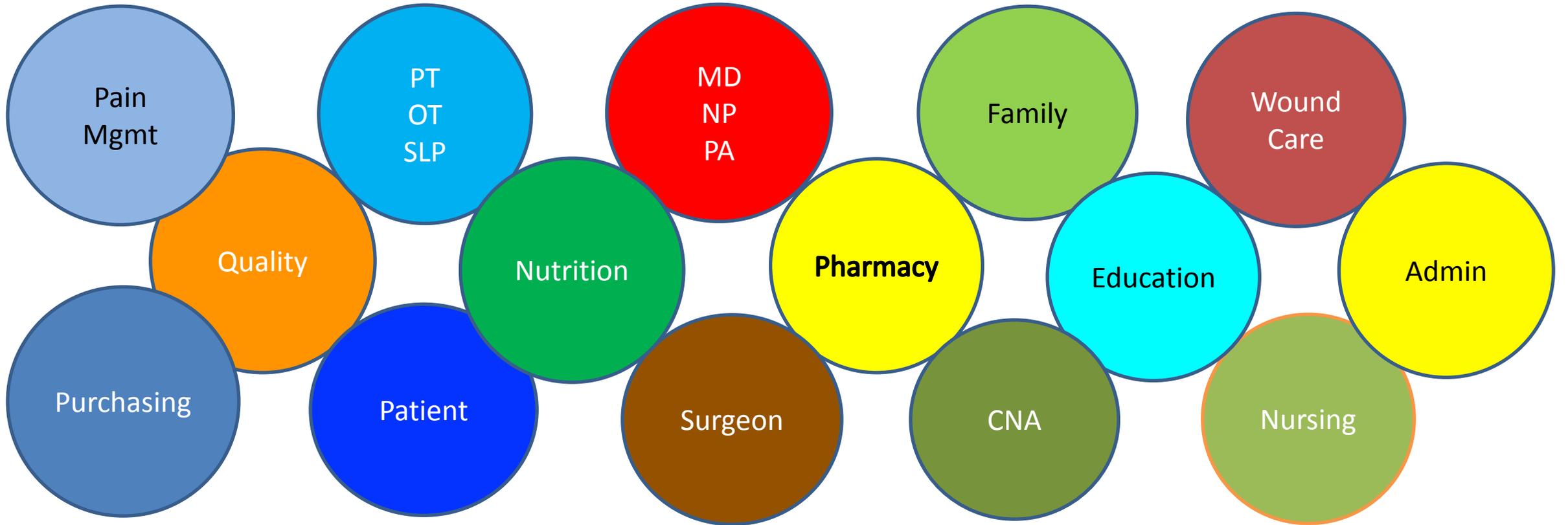
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Consistency of Care

- Standardize effective practice
- Do the right thing every time for every patient
- Meticulous attention to care



interdisciplinary





Risk Assessment

- Tool on admission and daily
- Act accordingly
- Nutritional status
- Ability to turn/be turned
- Moisture



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prevention

- Identify and mitigate risk for skin tears, MACSD, etc
- Mind your lines!
- Eliminate/manage causative factors of v
- Manage urinary/fecal incontinence
- Continenence plans
- Prophylactic dressings



Skin care

- Dry skin thoroughly after cleansing
- Apply moisturizers
- Barriers
- Support surface that helps manage r



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Minimize pressure

- Repositioning is vital
- Standardized process to decide who gets support surface
- Braden ≤ 15 at our facility
- Float heels
- Contractures
- Lift, don't drag



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Support surfaces

- Consider microclimate
- Repositioning still required
- Few layers as possible under patient
- Consider changing surface if wound deteriorates or fails to heal



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devices

- Implicated in up to 35% of pressure ulcers in the acute care setting (NPUAP, 2014)
- Inspect skin under devices every shift
- Reposition devices if able
- Watch folds (telemetry leads, catheters, etc.)
- Do not use NPUAP Classification System for mucosal pressure ulcers
- Remove devices ASAP
- Prophylactic dressings



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Manage pain

- May get patients to move more, eat better, etc.



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Debridement

- Surgical
- Conservative sharp debridement
- Enzymatic
- Autolytic-Proteolytic enzymes and phages
- Larval therapy



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nutrition

- Malnourished patients twice as likely to break down (IHI, 2011)
- Eval on admission and regular intervals
- Fluid, calorie, supplement recommendations
- Consider patient preferences regarding food and supplements
- Open communication between wound care team and nutritionist



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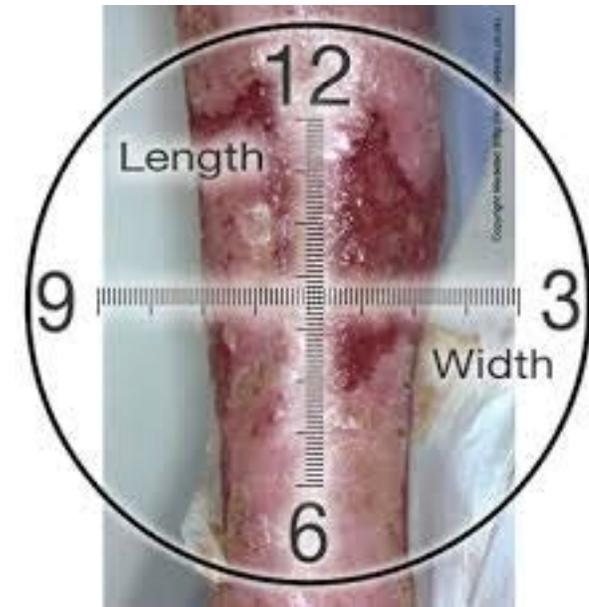
Antibiotics and culturing

- Ugly wounds not necessarily infected
- Do not routinely culture
- Proper culturing technique
- Consider topical antiseptics/antimicro



education

- How to perform comprehensive skin assessment
- Dark skin tones
- Classification of wounds
- Measuring wounds
- Flap turning/care
- Use of products





Advanced therapies

- NPWT
- Maggot therapy
- Grafts/Flaps



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Photos??

- Excellent tool for education and monitoring of wound progress
- Use standard technique



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references

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