

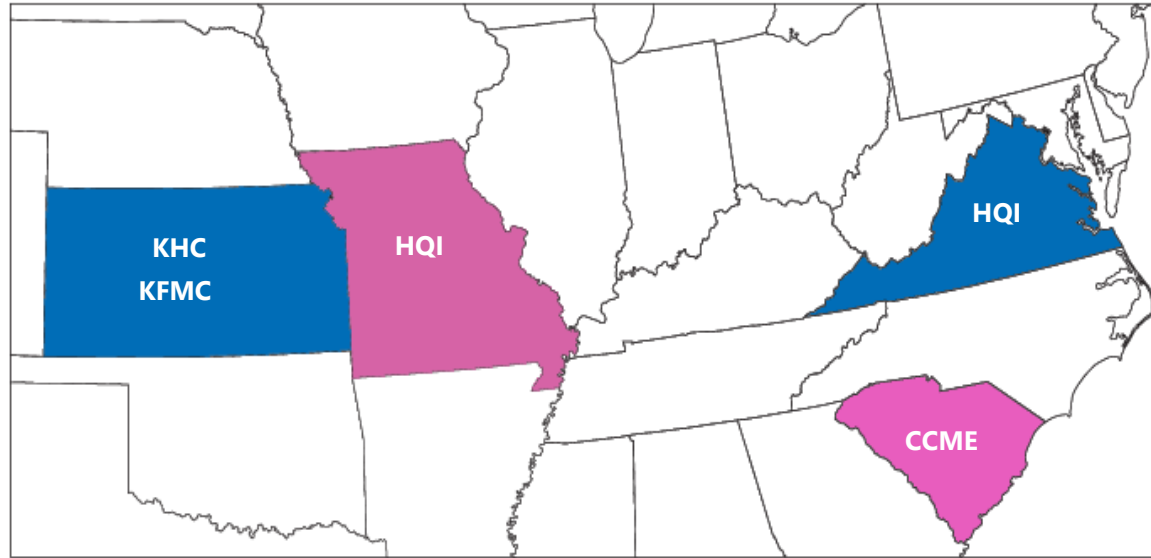




Health Quality Innovation Network

What to do? What to do? PI Treatment Strategies

Health Quality Innovation Network



Logistics – Zoom Webinar



To ask a question, click on the **Q&A** icon.

Raise your hand if you want to verbally ask a question.

Resources from today's session will be posted in **Chat**.

You may adjust your audio by clicking **Audio Settings**.

You have been automatically muted with video turned off.

Today's Speaker



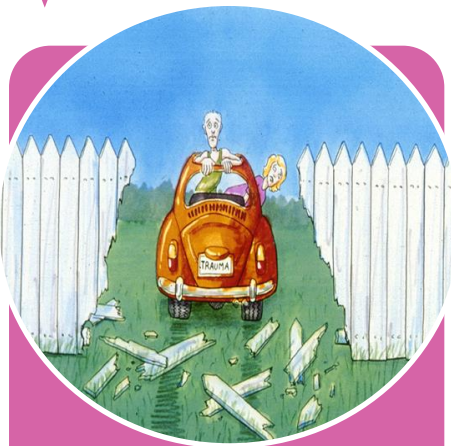
Sue Creehan, MSN, RN, CWON
Independent Wound Care Nurse Consultant

Objectives

- Examine a structured approach to pressure injury treatment
- Discuss factors that influence/impede wound healing
- Discuss when it is appropriate to change treatment

How does the body fill in lost tissue??





Injury



Adult Healing



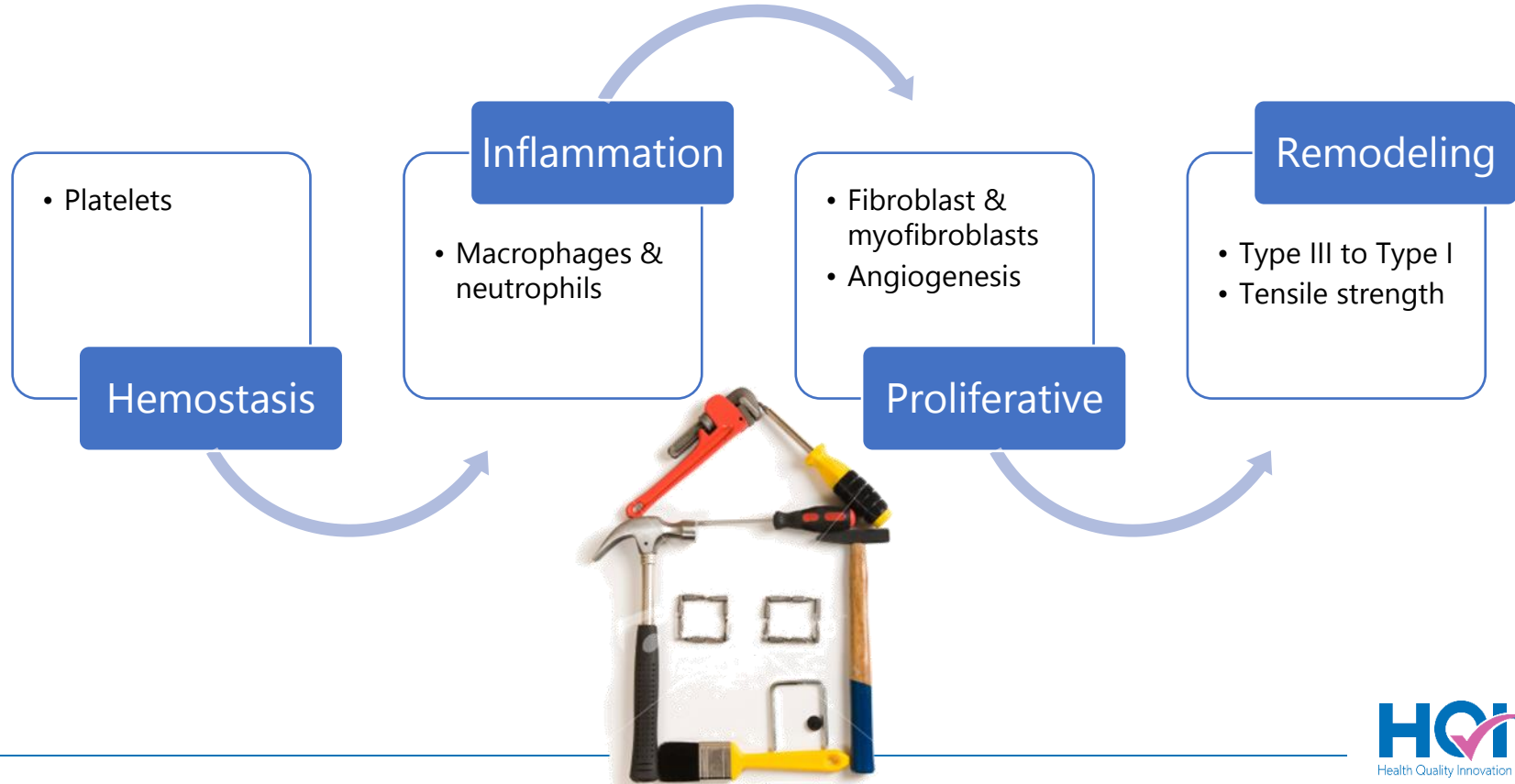
Keloid/Hypertrophic
Scar

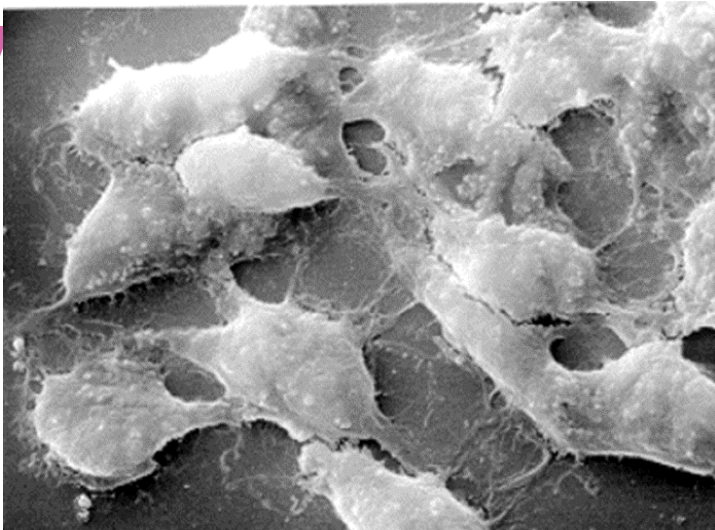


Insufficient Healing

Response to Injury

4 Phases of Wound Healing





Granulation Tissue



D.I.M.E. - Structured Approach to Treatment



D

Debridement

The removal of nonviable tissue



I

Infection/Inflammation

Addressing bioburden



M

Moisture Balance

Achieving and Maintaining



E

Edge/Environment

Treating stalled wounds

Debridement



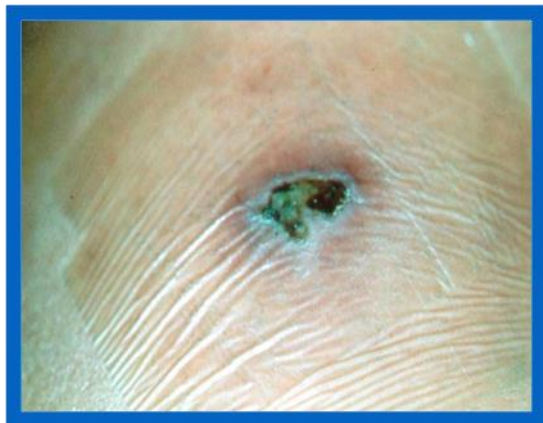
Types of Debridement

1. Autolytic
2. Mechanical
3. Enzymatic
4. Sharp/Excisional
5. Maggot Debridement Therapy
6. Contact/Non-contact Ultrasound



Autolytic Debridement

1



2

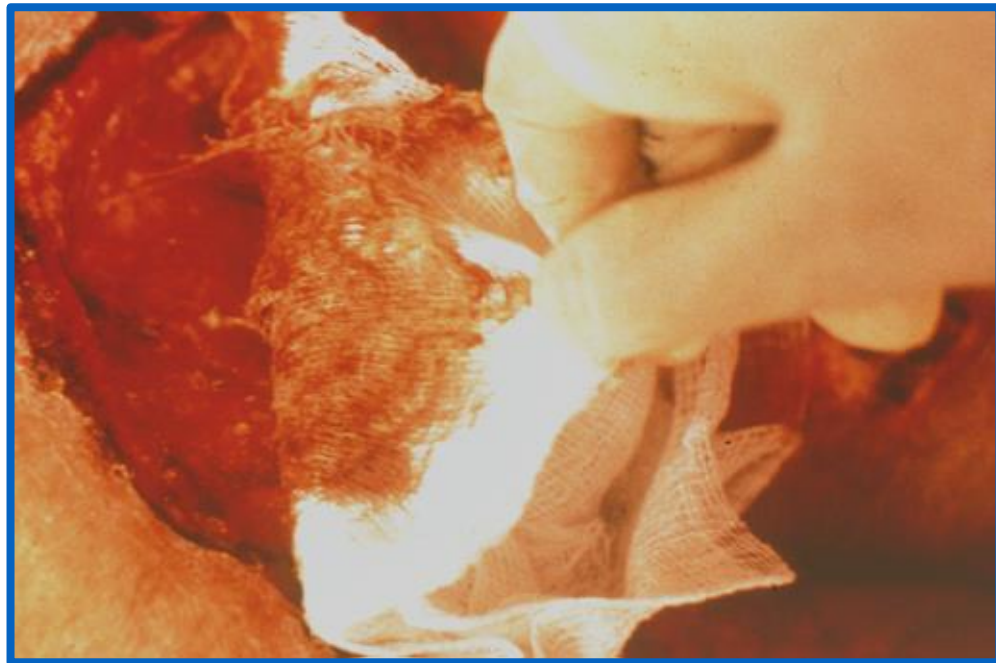


3



Mechanical Debridement

- Wet-to-dry
- Non-selective in debriding wound tissue
- No longer considered an acceptable method of debridement



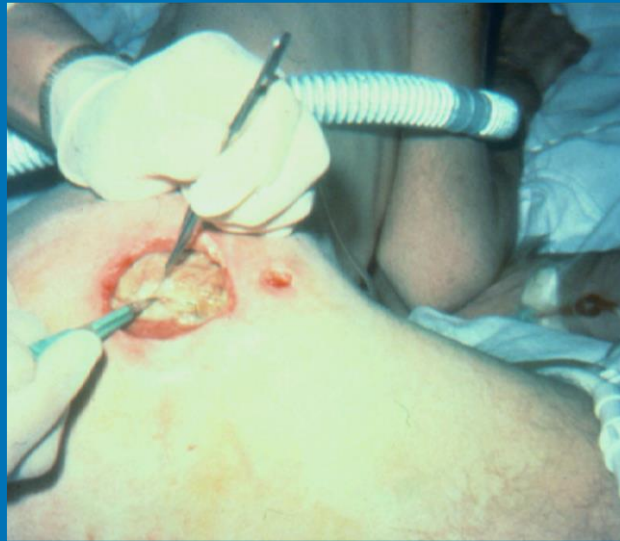
Enzymatic Debridement



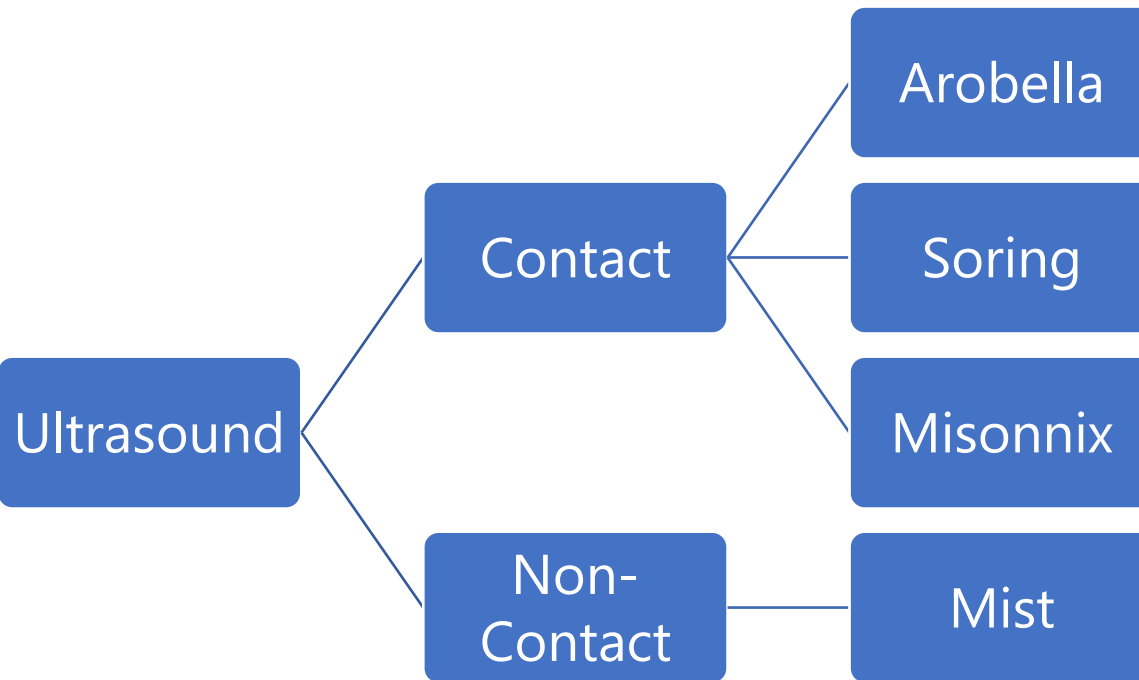
Sharp Debridement

The use of scalpel, forceps, scissors, or laser to remove dead tissue.

Performed by physician or health professional with specialized training per state practice acts.



Ultrasound Debridement



When NOT to Debride?

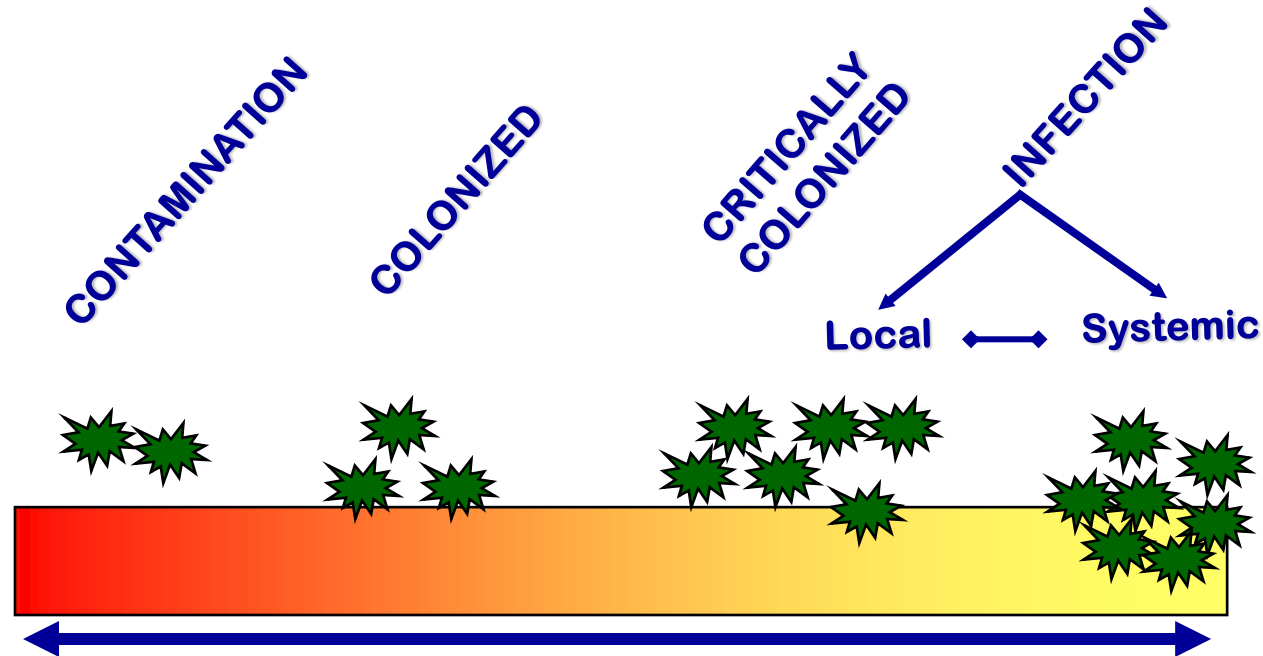
- Diabetic Foot – Dry, Intact Eschar
- Pulseless limb/Ischemic area
- Inadequate pain management
- Resident/Family Refusal
- Goal of Care is Palliation



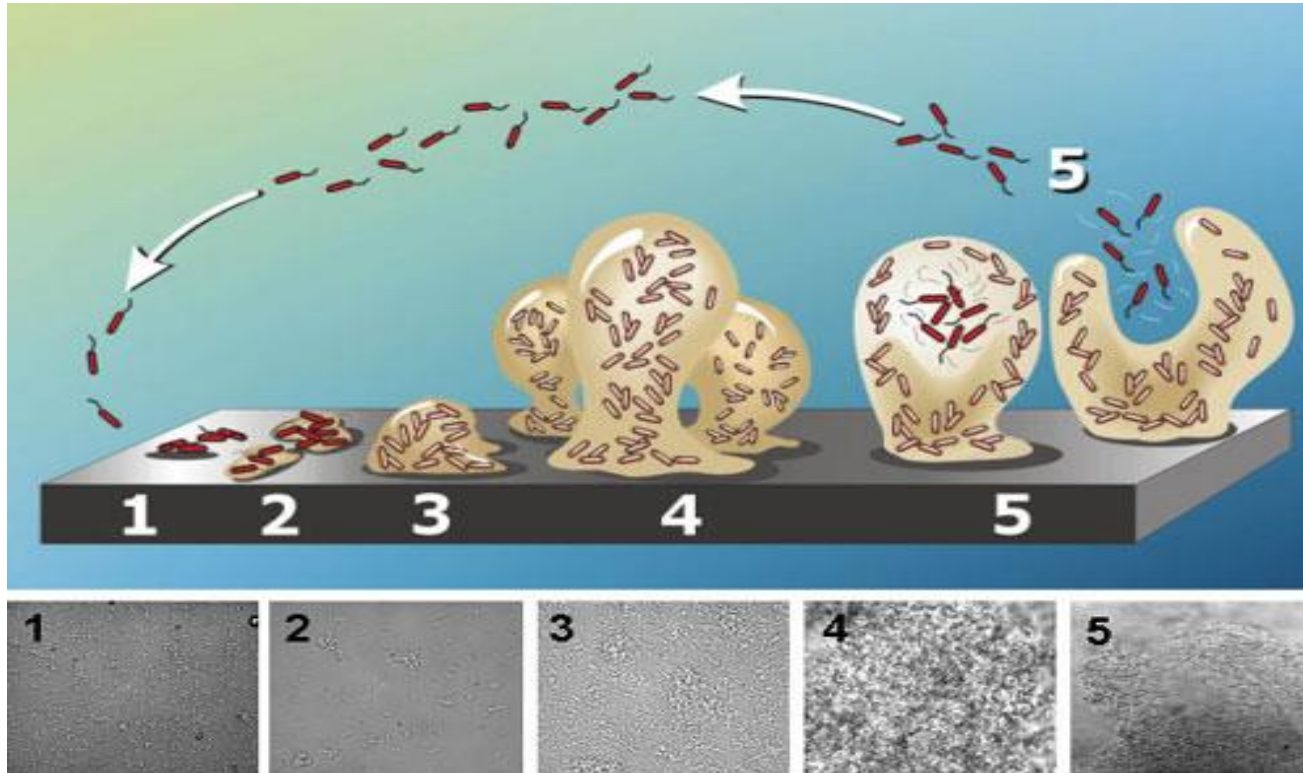
Infection/Inflammation



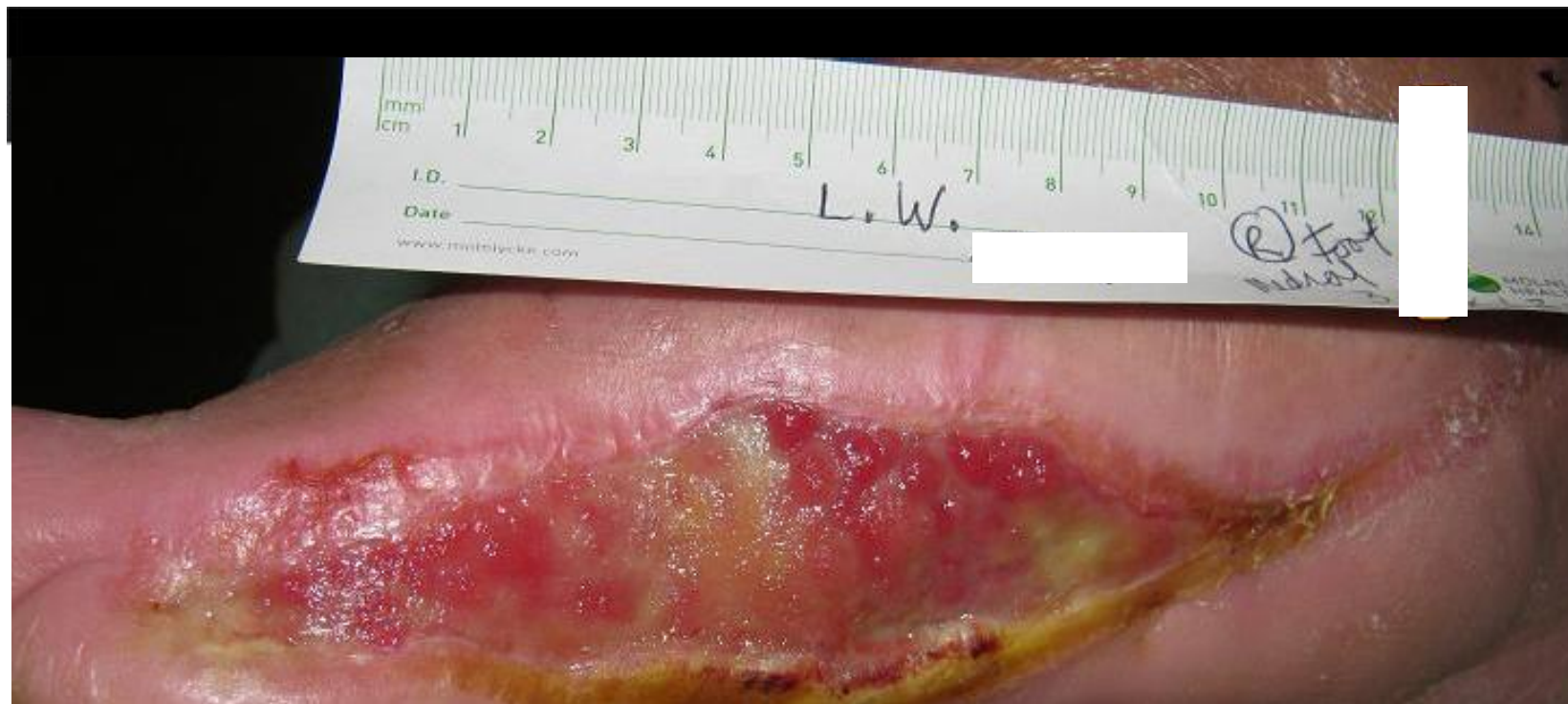
Contamination - Infection Continuum



Biofilm Development

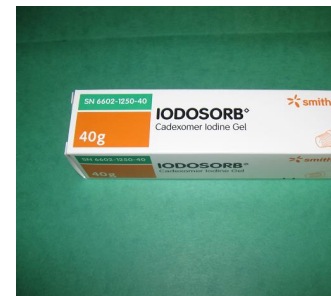


Can you see it??



Antimicrobials

- Silver
- Cadexomer Iodine
- Manuka Honey
- Methylene Blue and Gentian Violet





Moisture Balance



A Moist Wound



Moisture Balance Continuum



Too Dry,
Moisten it



Too Moist,
Dry it



Just Right,
Maintain it



Negative Pressure Wound Therapy

- Promotes granulation and collagen synthesis
- Prevents eschar development which slows healing
- Allows faster epithelization or final skin growth





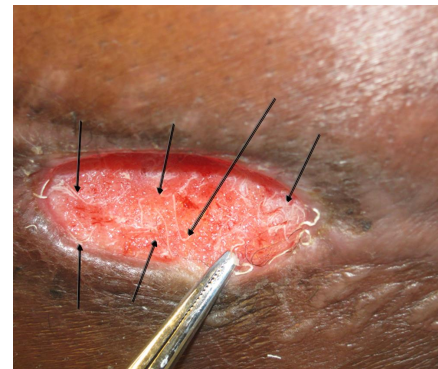
Wound Edge

Chronic wound edges are caused by senescent cells at the wound margin, which prevents epidermal migration.

This may present as:

- Epibole-rolled edges = silver nitrate or sharp debride
- Calloused edges = sharp debride and off-load
- Maceration = increase frequency of dressing change or use more absorptive dressing
- Undermining = pack loosely

Thoughts on Wet to Dry



Impedance to Healing

Local
Factors

Oxygenation

Infection

Foreign Body

Repeated Trauma

Impedance to Healing

Systemic Factors

Age

Stress

Ischemia

Co-Morbid Conditions

Obesity

Medication

Smoking

Immunocompromise

Nutrition

When is it appropriate to change treatment?

Progression of healing

2-4 weeks without improvement

Treatment goal has been met

Allergic reaction

Intolerance

Consultant's recommendation

Resident/family request

To prevent antibiotic resistance

Supply chain issues







Thank you for your
time and attention!

Keep up the good
work of PI
prevention!



Next Session Date and Topics

- **Session 4 (July 20):** Section M: More Than Just Numbers and Checkboxes
- **Session 5 (August 3):** The CNA Role: Identifying and Reporting
- **Session 6 (August 17):** Care Planning: Resident/Family Engagement/Education
- **Session 7 (August 31):** Ongoing Practices and Monitoring: Best Practices from High Performing Nursing Homes

FOR MORE INFORMATION

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