New Physicians and Residents: Introduction to Wound Care

Katherine Lincoln, DO, FAAFP
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Please check where applicable and sign below. Provide additional pages as necessary.

Name of CME Activity: ACOFP 56th Annual Convention and Scientific Seminars

Dates and Location of CME Activity: March 22-25, 2018 -- JW Marriott

Name of Faculty/Moderator: Katherine Lincoln, DO, FAAFP

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<th>Organization With Which Relationship Exists</th>
<th>Clinical Area Involved</th>
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"If you checked "Speakers’ Bureau" in item B, please continue:

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Signature: Katherine Lincol, DO Date: 12/20/17

Katherine Lincoln, DO, FAAFP

Please email this form to joan@acofp.org or fax to 847-952-5116 NO LATER THAN JANUARY 19, 2018
Introduction to Wound Care

KATHERINE LINCOLN, DO, FAAFP
ACOFP RESIDENTS AND NEW PHYSICIANS
AUSTIN, TEXAS

Disclosure

- Consultant for Acelity, Inc

Has no relevance to this talk through finance, deck preparation, or topic discussion matter
Objective

- Provide wound care education at a basic level to fill in training gaps
- Review common chronic wounds that present in clinic/UC

Pretest CME

- Which of the following is a proper way to document a wound in a medical record?
  - 1. MEASURE pneumonic
  - 2. JAMES pneumonic
  - 3. LINCOLN pneumonic
  - 4. ACOFP pneumonic
Pretest CME

Which of the following is the most important to affect proper wound closure?

1. Type of insurance
2. Years surgeon has practiced this surgery
3. Diabetic control
4. Dressing on the wound

Pretest CME

Which is NOT a common cause of chronic wounds?

1. second degree burn
2. diabetic cause
3. arterial cause
4. pressure related cause
Pretest CME

Define sharp debridement:

1. A nonspecific method of removing all tissue in a wound
2. Using a surgical instrument to quickly cut away devitalized tissue
3. Using an occlusive dressing to allow native phagocytes and proteolytic enzymes to cleanse a wound
4. Use of enzymes to degrade and chemically digest cellular debris

Pretest CME

Which is the most step in wound assessment?

1. presence of dead tissue
2. presence of end stage renal disease
3. offloading tissue
4. blood flow to the wound
Game plan

** Gross images ahead for teaching and learning. Wound care is mostly a visual science.

- Osteopathic review
- Wound Healing timelines
- Framework for assessment
- Definitions, FAQs
- Etiologies of chronic wounds
- Debridement
- Pearls

Who am I? Why am I here?
Wounds and Osteopathic Philosophy

- The body is a unit; the person is a unit of body, mind, and spirit.
- The body is capable of self-regulation, self-healing, and health maintenance.
- Structure and function are reciprocally interrelated.
- Rational treatment is based upon an understanding of the basic principles of body unity, self-regulation, and the interrelationship of structure and function.

Patient presents with a Wound
2 most important questions in Wound Care

- To the patient: How long as it been there?
- To yourself: why do they have a wound? (Why didn’t it go away as planned?)
- (AKA Get a history of the Hole in the patient AND a history of the whole patient)

How long has it been there?
Factors that affect wound closure

- Diabetes
- Smoking
- Cancer
- Obesity
- Long term steroid use
- Malnutrition
- Smoking
- Age of the patient
- Incontinence of urine
- Incontinence of stool
- Smoking
- Gait disturbance
- Limb loss
- Neurologic changes
- Quadriplegia/Para
- Meds: Anti-rejection, NSAIDs
- Chemotherapy
- Length of time to care
- Smoking
- Local tissue hypoxia

Examine the Wound
Help Me Help You
(Proper wound documentation)

- **MEASURE**
- M = Measure (length x width x depth)
- E = Exudate (quality and quality)
- A = Appearance (wound bed and surrounding skin)
- S = Suffering (pain type and level)
- U = Undermining (gap under skin edge)
- R = Reevaluation (monitoring of parameters)
- E = Edge

Medical Documentation

- Follow MEASURE guidelines
- “56 yoCf presents with a wound of her coccyx, which is caused by pressure and has been present for 2 years. It measures 10cm x 8cm x 10cm. It has yellow exudate, and appears to be granulating. The patient has minimal pain from the wound site, and there is no undermining. (Monitoring-??New MRI) And the periwound is macerated.”
9 Steps

- Step 1: Is there adequate profusion?
- Step 2: Is nonviable tissue present?
- Step 3: Are signs/symptoms of infection and/or inflammation present?
- Step 4: Is edema present?
- Step 5: Is the wound microenvironment conducive to healing?
- Step 6: Is tissue growth optimized?
- Step 7: Is offloading or pressure relief appropriate?
- Step 8: Is pain controlled?
- Step 9: Are host factors optimized?

Commonly used words in wound

- Chronic wound vs acute wound
  
  - An acute wound has been present 3 weeks or less, usually has a specific cause/onset, is following “Normal” wound trajectory
  
  - A chronic wound has been present greater than 4 weeks, +/- known timeline, not being “Normal”
Commonly used words in wound

- Granulation tissue

Commonly used words in wound

- Slough/fibrin
Commonly used words in wound

- Eschar

Commonly used words in wound

- Deep tissue injury
Commonly used words in wound

- Undermining
Most common causes of Chronic Wounds

1. Arterial related
2. Venous related
3. Diabetic related
4. Pressure related

Arterial Wound

- Look at risk factors (smoking, CAD, CABG, previous loss of tissue)
- DISTAL
- Quicker onset
Venous Wound

- Gaitor distribution
- Hemosiderin staining
- History of similar

Diabetic Foot Ulcer (DFU)

- Patient is diabetic
- Ulcer on the foot
Charcot foot DFU

9 steps

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Types of Debridement

1. Mechanical (wet-to-dry)
2. Sharp (scalpel, curette)
3. Biologic (maggots)
4. Enzymatic (collagenase ointment)
5. Autolytics (occlusive dressings to support body)

Dressings

GOAL: Keep it clean and moist; exudate management

- If wet, dry it: calcium alginate will absorb moisture
- If its dry, wet it: hydrogel, medihoney, autolytic occlusion
- Cover it: Foam dressing, kerlex, tubigrip
Wound Pearls

- DO AN EXAM OF THE WOUND.
- Do 2 weeks with a wound center during residency
- Not everything that’s red needs antibiotics
- A diabetic patient should get an early referral to wound care
- Find your WOCN and ask a ton of questions

Life Pearls

- Consider yourself a Minor Expert in something (like wounds)

- Make great medical decisions. Sometimes, everyone will love you. Other times, everyone will hate you and everything will go wrong. Just do what is medical right and don’t get caught up in all the drama.
PostTest CME

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Resources

Scottsdale Wound Management Guide


Questions
klincoln@ctwha.com