



Education vital for successful wound management in the home

By Judy Bearden, MSN/ED, RN

Changes in healthcare policy and reimbursement are pushing treatment from the hospital to the community. This shift is likely to result in a higher number of complex wounds being treated in the home, which can create stress for patients and families. Education plays a key role in reducing this stress. This article focuses on education for family members or friends who are caregivers for the patient.

The basics

Keep in mind that caregivers don't need to have the same depth of knowledge as clinicians. It's best to stick to the basics, evaluate care on a regular basis, and make adjustments as needed.

Begin by asking caregivers how they learn best. For example, some want to see the wound care done and then review written information, while others prefer the reverse. Set teaching times so that all those who will be delivering care can be present.

Focus on the triad of wound care: nutrition, technique, and infection control. Teaching the basics of these three items will improve wound care outcomes and patient care.

1—Nutrition

Be sure to include the patient in discussions related to the first corner of the triangle: nutrition. Patients with wounds, especially wounds with heavy drainage, need appropriate nutrition such as additional protein to facilitate healing. Strategies to increase protein intake include:

- Give the patient supplements such as Boost®, Ensure®, or Carnation® Instant Breakfast.
- Add a spoonful of peanut butter to a chocolate-flavored Boost to increase protein and enhance flavor.
- Add frozen fruit and a small amount of yogurt to a very cold drink supplement to make it similar to a smoothie and enhance taste.
- Add protein powder to foods.
- Encourage high-quality proteins, such as peanut butter, nuts, seeds, or cheese, and avoid junk food that fills but doesn't provide much nutritional value

Patients with dietary restrictions because of conditions such as diabetes and renal conditions and patients who have difficulty swallowing require a special diet plan. Patients who have wounds should also try to eat six small meals instead of three large meals.

2—Technique

The next corner of the triangle is teaching wound care. Simple or complex wounds both require the same steps to complete a dressing change. Provide these steps to the caregiver to facilitate dressing changes.

- Step one: Gather the supplies needed, including a garbage bag for soiled dressings. Place the supplies away from the bed, but within reach.
- Step two: Wash your hands, put on gloves, and position the patient so you can best see the wound.
- Step three: Remove old dressings and put them in your garbage bag; wipe any drainage away from the wound.
- Step four: Change gloves, using alcohol to clean your hands between the glove changes, and open the new dressing supplies. Clean the wound as ordered by the physician or nurse practitioner. Measure the wounds, reapply the dressing, and cover with a 4" x 4" or abdominal pad and tape in place. Then help the patient into a more comfortable position.

3—Infection control

The last step in the triangle is to teach caregivers how to recognize a “good” (healthy) wound and one that is going “bad” (becoming infected). Remember that the simpler the directions, the better. Tell caregivers to watch for color, drainage, and odor.

Color

The inside of the wound should be beefy red, but redness outside the wound bed is a sign of infection. Frequently in home care, clinicians use a permanent marker to mark the line of redness outside of the wound to see if it's getting larger; you might want to suggest this to the caregiver.

A small amount of yellow tissue may be slough if it wipes away easily; clinicians and caregivers should note the amount and watch for increases. Black inside a wound is dead tissue and should be removed only by a professional; simply note the size of the black area.

Drainage

Any increase in drainage indicates problems. Ask caregivers to note how many layers of bandages the drainage soaks through and how many times a day the dressing needs to be changed. Drainage color should also be noted because a change in

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color of the drainage is significant. For instance, drainage that changes from clear to yellow or green indicates infection.

Odor

Most wounds have some type of an odor; caregivers should note how far away they are when they smell the odor and under what conditions; for example, an arm's length away, after positioning the patient, or when the old dressing is removed. Wound smells can be compared to a rusty smell like blood; a smell almost like a dead animal, which indicates dying flesh; or a musty smell, which indicates the

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presence of bacteria in the wound. The rusty smell is the best smell to uncover when it comes to wounds.

In addition to color, drainage, and odor, caregivers should know that a sign of infection is if the temperature around the wound begins to feel hot or the skin around the wound becomes hard. The patient's pain also should be decreasing, not increasing.

An individual plan

These guidelines can be enlarged on or further simplified according to the education level, experience, and willingness to learn the caregivers show. Use the questions they ask as a guideline on how much information to give them.

Building a partnership with caregivers will help reduce stress levels, raise confidence levels, reduce the risk of infection, and improve outcomes. It can also reduce calls and unnecessary visits when care-

Educational resources

Here are some resources that can be helpful for patients and their caregivers.

- **Wound management at home**, from the Visiting Nurse Healthy System, which includes symptoms of wound infection and tips for managing wounds
- **Wound care frequently asked questions**, from HealthFirst
- **Wound management: A Nurses Guide**, a **video** available on YouTube; although geared towards nurses, it may be helpful for some caregivers

givers feel confident to recognize problems and know the steps to follow when the patient's condition changes. ■

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