

More from The Buzz Report: A wound care clinician's best friend

By Donna Sardina, RN, MHA, WCC, CWCMS, DWC, OMS

Keeping clinicians up to date on clinical knowledge is one of the main goals of the Wild On Wounds (WOW) conference, held each September in Las Vegas. Each year, I present the opening session of this conference, called “The Buzz Report,” which focuses on the latest-breaking wound care news—what’s new, what’s now, and what’s coming up. I discuss innovative new products, practice guidelines, resources, and tools from the last 12 months in skin, wound, and osteomy management.

In the January issue, I discussed some of the updates from my 2014 Buzz Report, and now I’d like to share more, with appropriate updates since the September WOW conference.

Necrotizing fasciitis

Necrotizing fasciitis, also called the “flesh-eating disease,” is a progressive, rapidly spreading inflammatory infection located in deep fascia with necrosis of the subcutaneous tissues. Early diagnosis and treatment of necrotizing fasciitis are critical to saving the life of the patient.

Summarized in an article by Edlich and colleagues published in *Medscape*, two studies found the following:

- Of 27 patients studied, 20 died, for an overall mortality rate of 73%; 11 of the patients whose treatment was delayed for more than 12 hours died.
- The average time from admission to



operation was 90 hours in nonsurvivors of necrotizing soft-tissue infections, compared to 25 hours in survivors.

To promote prompt diagnosis and treatment, the National Necrotizing Fasciitis Foundation launched a program that connects patients and their families from all over the United States and other countries with John Crew, MD, FACS, vascular surgeon and medical director for the Advanced Wound Care Center at Seton Medical Center in Daly City, California.

Crew consults with physicians (at no fee) about his groundbreaking treatment of necrotizing fasciitis, which earned him a nomination for the prestigious Lister Legacy Prize in early 2014. Crew’s treatment plan includes the use of NeutroPhase® in combination with negative pressure wound therapy. His treatment approach has saved patients’ limbs—and lives.

If you have a patient with necrotizing fasciitis, contact Crew, who is available 24/7, at 908-422-7744. For more information, visit the **National Necrotizing Fasciitis Foundation**.



Bedside assessment

It's always hard to choose which published articles to focus on, but three caught my eye as being particularly useful for bedside assessment.

Burn care

Burn care is its own specialty within wound care, but some injuries don't require a specialist burn unit. The article "**Best practice guidelines: Effective skin and wound management in non-complex burns**," published in *Wounds International*, is an excellent resource for clinicians.

The article focuses on hands-on and relevant clinical information for evaluation and management of noncomplex burn injuries that are appropriate for treatment in locations outside specialist burns units, with steps for the immediate emergency management of all burns. The article also highlights the importance of correctly and expediently identifying complex wounds that indicate the patient must be transferred rapidly for specialist care, and discusses ongoing management of newly healed burn wounds as well as postdischarge rehabilitation.

Nutritional needs

Good nutrition includes not only adequate macronutrients, such as protein, carbohydrate, and fat, but also micronutrients—vitamins and minerals—for wound healing. Several micronutrient deficiencies can be identified through a simple skin assessment.

The article "**Learning the oral and cutaneous signs of micronutrient deficiencies**," published in the *Journal of Wound, Ostomy & Continence Nursing*, notes that the hallmark symptom of vitamin B deficien-

cy is glossitis, a reddish tongue with a smooth surface. B12 deficiency is characterized by hypertrophic papillae scattered across the villous surface of the tongue, and signs of B3 deficiency include dermatitis (pellagra), which is characterized by a crepe-paper appearance with wrinkles in the skin and flat surfaces between the wrinkles.

Vitamin C deficiency can manifest as purpura, skin tears, and "plastic-wrap" skin, in which the dermis is so thin that blood vessels can easily be seen beneath a transparent epidermis.

When cutaneous symptoms of vitamin deficiency appear, serum studies should be obtained to confirm the deficiency so prompt treatment can begin.

International ostomy guidelines

The new *World Council of Enterostomal Therapists (WCET) International Ostomy Guidelines* are evidence-based practice guidelines that are internationally focused rather than country specific. The guidelines can be applied in all countries or care settings, whether resource challenged or resource abundant. The WCET guidelines include cultural, religious, and ethnic considerations for ostomy patients that are international in perspective. You can purchase the full version (64 pages) of the guidelines with the evidence tables, or **download** a free summary.

New products

Here are several new products from 2014 that you should know about.

Granulation® Medicated Lotion.

This over-the-counter lotion is designed to help support the healing of excessive granulation tissue. Granulation was developed by a nurse practitioner, Christopher R. Speaker, APN, FNP-BC, who was frustrated with steroids and silver nitrate as the only treatment options for hypergranulation tissue. The product



is nontoxic and nonsteroidal, with ingredients that provide anti-itch benefits, antimicrobial properties, skin barrier for protection, and the ability to shrink granulation tissue that develops at gastrostomy, jejunostomy, tracheostomy, ileostomy, and colostomy sites.

SenSura[®] Mio ostomy appliance. This appliance fits to individual body contours and maintains a secure seal over abdomens uneven from scarring, skin folds, hernias, and other problems. SenSura Mio has a soft, elastic, hydrocolloid adhesive barrier that shapes and follows body contours when ostomates bend and stretch. The pouch is made from water-resistant textile material that gives the pouch the feel of clothing and is a neutral gray designed to stay unnoticed under all colors of clothing.

RightSpot[™] pH Indicator. This small, noninvasive, in vitro diagnostic device is used to verify gastric acidity to avoid misplacement of nasogastric feeding and percutaneous endoscopic gastrostomy tubes. The RightSpot indicator strip is placed on the tube and gastric fluid is aspirated; as the aspirate saturates the strip, the strip changes color according to the level of pH in the aspirate. The color of the indicator strip is compared to a color chart on the device. A pH below 4.5 indicates gastric acidity.

Hydrofera Blue[®] Ready Foam. This antibacterial dressing is made of polyurethane foam, methylene blue, and gentian violet. It can be used on a variety of wounds and also under compression bandages or a total contact cast. It has broad-spectrum antibacterial activity and can be left in place for up to 7 days. This new version of Hydrofera Blue doesn't require hydration before application or a secondary dressing.

Perfect Choice Next Generation NO STING Ostomy Barrier Paste. Designed to help extend wear time, this no-sting skin barrier and filler paste has easy-on, easy-off

application and removal.

NOTraum Silicone Foam Dressing. This absorbent foam dressing has a silicone border, which means no trauma for the wound and supporting skin upon removal. The dressing adheres easily and securely to dry, intact skin. It keeps the wound bed moist, but doesn't adhere to the wound bed, thereby preventing trauma.

Staytex[™] tubular dressings. This tubular stretch bandage secures and maintains primary wound dressings to the affected site. The unique weave of the Staytex tube keeps the dressing in place, yet is comfortable and free of latex. It's available in precut lengths or rolls that can be cut to fit, and is washable and reusable.

Stay tuned

I'm already gathering the latest and greatest for the 2015 Buzz Report, so look for a new edition of The Buzz Report in 2016!



Selected references

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