Winnipeg Regional Health Authority | Office régional de la santé de Winnipeg

Wound up for Wounds

Issue 4 | November 2018

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Visit our public website:
www.wrha.mb.ca

WRHA staff website:
http://bit.ly/2DKARRU

Contact us:

E: jmcswiggan@wrha.mb.ca

P: (204) 926-8013

F: (204) 947-9964

Wound up for Wounds

Wound up (verb. To be excited) for Wounds (noun. Injuries to living tissue)

Welcome to the final issue of the newsletter for 2018. The last few months have been busy and productive for the wound care portfolio.

The Conservative Sharp Wound Debridement Committee is now developing the lab session and had the first "test run" in September. Hats off to Dr. Sarvesh Logetty, Jason Linklater, Tara Schmitz-Forsyth, Lori McKenzie, and Christie Tuttosi who instructed, Rhonda Heintz and Kari Mann are the first to train in CSWD and are being mentored by Tara and Jason respectively. By the time of publication we had run a second skills lab with Sarah Brown, Shannon Thomas and Stephanie Taylor, again being mentored by Tara and Jason. We are still refining the program as these committee members work through their training, and hope to have everything up and running in 2019. See picture on Page 2.

We ran a lymphedema course in October with Martina Reddick, a nurse and lymphedema therapist from Newfoundland and Labrador. Martina also provided consultation to home care, Concordia Hospital and Seven Oaks General Hospital for patients with lymphedema.

Leslie Dryburgh and I presented at the Manitoba Society of Orthopaedic Technologists Symposium on October 20th on the topic of wound assessment, and there were six Level 2 courses, two practice days and one musculoskeletal injury prevention course since last publication.

Jane McSwiggan, MSc., OT Reg. (MB), IIWCC

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Did you know?

- A prevalence and incidence study of pressure injuries is conducted every November by the WRHA
- WRHA has an updated wound care policy: http://home.wrha.mb.ca/corp/policy/files/110.000.320.pdf
- Each site has an advanced wound care formulary, check with your advanced wound care clinician or educator

Conservative Sharp Wound Debridement Practical Skills Lab

L-R

Jason Linklater, Sarah Brown

Upcoming Wound Care Courses

Level 2 Venous and Arterial Leg Ulcers

November 15, 2018	8:30 a.m. to 12:30 p.m.	Grace Hospital
December 13, 2018	8:30 a.m. to 12:30 p.m.	Concordia Hospital
February 14, 2019	8:30 a.m. to 12:30 p.m.	Concordia Hospital

Practice Days: Wound Assessment and Dressing Selection (5 courses offered, each course 2 hours)

1. November 21, 2018	8:30 a.m. to 10:30 a.m.	Riverview Health Centre
2. November 21, 2018	10:45 a.m. to 12:45 p.m.	Riverview Health Centre
3. January 9, 2019	8:30 a.m. to 10:30 a.m.	Health Sciences Centre
4. March 14, 2019	8:30 a.m. to 10:30 a.m.	Concordia Hospital
5. March 14, 2019	10:45 a.m. to 12:45 p.m.	Concordia Hospital

Musculoskeletal Injury Prevention in Wound Care

January 23, 2019	1 p.m. to 4 p.m.	Health Sciences Centre
March 25, 2019	1 p.m. to 4 p.m.	Health Sciences Centre

Level 2 Pressure Injuries

February 20, 2019 8:30 a.m. to 12:30 p.m. Health Sciences Centre

NOTE: See page 5 for registration information.

Practice Corner: Skin Tears

Skin tears can occur on any part of the body but are often sustained on the extremities such as upper and lower limbs or the dorsal aspect of the hands (LeBlanc and Baranoski, 2011).The International Skin Tear Advisory Panel (ISTAP) 2018 has recommended the following classifications and treatment of skin tears

Skin Tear Classification

Type 1 skin tear – No skin loss: linear or flap tear where the skin flap can be repositioned to cover the wound bed.

Type 2 skin tear – Partial flap loss: the skin flap cannot be repositioned to cover the whole of the wound bed.

Type 3 skin tear – Total flap loss: total skin flap loss that exposes the entire wound bed.

Skin Tear Treatment: Products NOT Recommended for Skin Tears

Skin closure strips (Steristrips)

The ISTAP panel reached 100% agreement that skin closures were not appropriate for management of skin tears as they do not protect the fragile periwound skin and wound bed associated with them.

Gauze

Gauze is not recommended, as it does not secure the flap and there is increased risk of flap displacement when changing the secondary dressing, increasing the risk of skin necrosis (Nursing Times, 2003).

Hydrocolloids and Transparent Films

Hydrocolloids and transparent film dressings are not recommended as they may cause skin stripping and injury to the healing skin tear if not removed properly (LeBlanc et al., 2013).

Practice Point:

Because of the fragility of the periwound skin in individuals who develop skin tears, stapling, suturing, and the use of skin closure products should be avoided.

>> continued on page 4

Skin Tear Treatment if Bleeding

- Gently cleanse
- Approximate edges if possible with moistened cotton tipped applicator (skin is viable for seven hours)
- Non-adherent contact layer as primary dressing (leave in place)
- Apply alginate for hemostasis (change in 24 hours)
- Cover with gauze and wrap
- Do not use tape on skin
- When stable and starting to granulate, treat as if not bleeding

Skin Tear Treatment if not Bleeding

- Gently cleanse & approximate edges (skin viable x seven hours)
- Approximate edges if possible with moistened cotton tipped applicator (skin is viable for seven hours)
- Use non-adherent dressing for moisture balance (*Clear acrylic, Silicone Foam)
- Ensure dressing removal without tissue trauma, use barrier film or barrier wipe
- Show direction dressing is to be removed by drawing an arrow on the dressing
- Dressing should be dated

* Clear acrylic is not recommended for lower extremities due to potential for lower extremity edema (dressing not absorbent enough)

References

LeBlanc, K., Baranoski, S. (2011) Skin tears– State of the science: Consensus statements for the prevention, prediction, assessment, and treatment of skin tears. Advances in Skin & Wound Care 24(9), 2-15

LeBlanc, K, et al. Best practice recommendations for the prevention and management of skin tears in aged skin. Wounds International 2018. Available from www.woundsinternational.com

LeBlanc, K., Christensen, D., Cook, J., Culhane B, Gutierrez, O. (2013) Prevalence of skin tears in a long-term care facility. Journal of Wound Ostomy Continence Nursing, 40(6), 580–584.

Nursing Times (2003) The management of skin tears. Available from: https://www.nursingtimes.net/clinical-archive/wound-care/the-managementof-skin-tears/205615.article

Additional Information

Having trouble signing up for wound care courses?

Staff with LMS access

Log into the Learning Management System (LMS) from any computer or device at https://manitoba-ehealth.learnflex.net.

If needed, create a new account by clicking “new User”.

Enter “**WOUND CARE**” in the global search bar.

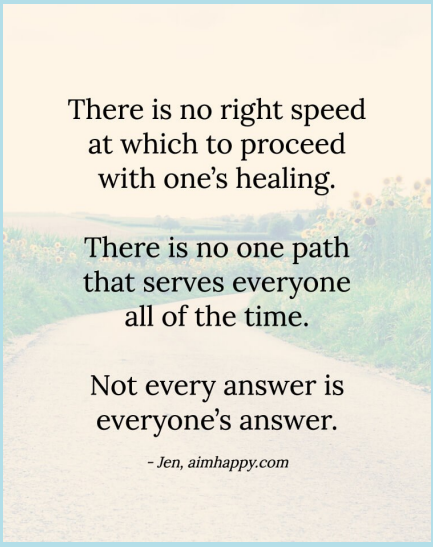
- Level 1 is a bundle of 8 modules available online;
- Level 2 and other courses are delivered in the classroom setting.

Staff without LMS access

Contact Cindy Hoff at choff@wrha.mb.ca or 204-926-7047 to register.

Have a question?

Contact Jane McSwiggan, Education and Research Coordinator-Wound Care at jmcswiggan@wrha.mb.ca.



Tips & Considerations when applying 3M™ Coban 2™

Martina Reddick, Registered Nurse and Lymphedema Therapist

- Apply the comfort layer with very minimal or no stretch, just enough to conform.
- Always cut the comfort layer at the foot to provide comfort at the joint.
- Apply compression layer at full stretch keeping the roll close to the limb.
- The two layers are cohesive so cut and redirect as necessary.
- Wrap don’t strap.
- Protect from moisture and keep dry, apply cast cover for showering.
- If exudate/ strike through occurs, change the bandage.
- If rolling occurs on the edge of the compression layer, cut the edge and remove to prevent tourniquet.
- Moulding is very important for both layers to create an anatomical fit! Mould, mould, mould….
- Score the comfort and compression layer to keep in place for cutting.
- For easier removal, using a bandage scissors dip the tip in lotion and start at the lateral great toe up the outer limb.
- If you missed an area of comfort or compression you can cut and paste to the missed area only.

Resource videos for application of 3M™ Coban 2™

Coban 2™ Full leg application animated	https://youtu.be/jWHIBQCN1OE
Coban 2™ Spiral application	https://youtu.be/5iGA9tCyFyA
Coban 2™ Below the knee, follow the roll technique	https://goo.gl/skH28k

Prevalence & Incidence

Things to know about

Pressure Injuries

A Team Sport

Pressure injury prevention and care is a team sport. We all have valuable insight and expertise to contribute. Kudos to us for including as many different members of our health care teams for prevalence and incidence data collection.

Practice Makes Perfect

We're not expected to go to the wound care staging Olympics but we should still practice like we are! It is important in the care planning of our patients to learn the different stages of pressure injuries. There are resources to help you, just ask!

Off-Load The Heels

In 2017, prevalence and incidence of heel pressure injuries were the second highest location on injury for our patients. Assess skin integrity on the heels, every shift and off-load! There are educational tips and tools to help.

Do it for our Patients

Conducting prevalence and incidence data increases staff awareness of conditions, diseases, and prevention protocols. To provide better care, we need to collect data consistently...that includes collecting and reporting Stage

No Butt's About It

No matter the stage of pressure injury, the coccyx/sacrum continues to have the highest rates for prevalence and incidence in our region. Let's work together to get these numbers down and improve our delivery of safe patient care.

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