Jump Start Your Career as a Wound Care Nurse

Diane L. Krasner PhD RN FAAN
Good News: There are opportunities for all levels of nurses as Wound Specialists!
OBJECTIVES

- Identify the growing need for specialized wound care nurses
- Discuss the essentials of wound care
- Appraise the resources available for nursing students & new graduates on the Why Wound Care? website
I, Diane L. Krasner, certify that, to the best of my knowledge, no affiliation or relationship of a financial nature with a commercial interest or organization has significantly affected my views on the subject on which I am presenting.
Why Wound Care?
For Nursing Students

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LIA VAN RIJSWIJK  DNP MSN RN CWCN
CO-CHAIRS, WHY WOUND CARE CAMPAIGN
WWW.WHYWOUNDTCARE.COM
WWC? MISSION

To inform nursing students, recent graduates and nursing faculty about rewarding careers in wound care.
WWC? VISION

To increase the number of nurses who choose a career in wound care so as to enhance safe, effective care for people with, or at risk for, wounds.
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York, PA

www.dianelkrasner.com
- RN since 1979
- WOCN (Wound Ostomy Continence Nurse) since 1985
- Wound & Skin Care Consultant since 1989
- Expert Witness since 1989
Case #1

Wound Care with Negative Pressure Wound Therapy, HBOT & an Interprofessional Team Approach
NEGATIVE PRESSURE WOUND THERAPY (NPWT) & HYPERBARIC OXYGEN THERAPY (HBOT)

- s/p Arteriogram, Hematoma, Muscle Flap & then Necrotizing Fasciitis
- Transferred to our major medical center for debridement and HBPT
- NPWT used simultaneously at patient’s three wound sites
- Delayed primary closure

Cases
#2 & #3

Palliative
Wound Care
MRS. L.
S/P CHEMOTHERAPY WOUND

WOUND CARE

- Cleansing
- Topical Anesthetic
- Non-adherent dressing
- Minimize number of dressing changes

PAIN MANAGEMENT

Chronic Wound Pain

Mixed Pain Pattern:

- Swelling
- Ischemia
- Neuropathic pain

MR. S.
END STAGE ARTERIAL DISEASE

To cure occasionally,
To relieve often,
To comfort always.
- Hippocrates
The Growing Need for Wound Care Specialists
Increasing population with chronic conditions and related wounds

Current shortfall of Wound Nurse Specialists well documented

Wound Specialist Nurses needed across the continuum of care

EXAMPLES

- LPNs Treatment Nurses & APN Wound Specialists in Skilled Nursing Facilities
- RNs on Wound Specialty Units in Acute Care & Outpatient Wound Centers
- Certified Wound Nurses across the continuum of care
- DNP & PhD Wound Specialists needed to conduct wound research, outcomes research and support the implementation of evidence-based practices
Certifications for Nurses*

- American Board of Wound Management (CWS): LPNs, RNs, APNs, DNPs & PhDs
- NAWCO (WCC): LPNs, RNs, APNs, DNPs & PhDs
- Wound Ostomy Continence Certification Board (CWOCN; CWCN): RNs, APNs, DNPs & PhDs

* Additional information at: www.whywoundcare.com/resources
Wound Care:
Apply What You Know About Nursing Concepts & Principles
Assessment

Risk Assessment

Healable - Maintenance & Non-healable
Annually there are over 6.5 million Americans with non-healing wounds
This number is expected to rise due to:
Diabetes
Obesity
Alzheimer’s Disease
TYPES OF WOUNDS
UNSTAGEABLE PRESSURE ULCER

© AAWC Used with permission
DIABETIC FOOT ULCER

© AAWC Used with permission
INFECTED WOUNDS
THREE PATHWAYS:

HEALABLE

MAINTENANCE

NON-HEALABLE/PALLIATIVE

The International Interprofessional Wound Caring Model ©

**SCOPE**
- Organization
- Community/ Region
- National/ International

**FOCUS**
- Social responsibility
- Population health
- Research

**HOW (Embed change)**
- Policy, regulation, operations:
  - Departments of Education, Health, Labor

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Individual/ Team (micro) to Organization (Meso) to External: Community/ Region National/ International (Macro)

Continuous Professional Development & Lifelong Learning

Knowledge Transfer to Practice/ Quality Improvement

Communities of Practice

Interprofessional Team

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Documentation should illustrate a consistent Interprofessional Patient-Centered Team Approach to care.

Wound Care:
Utilize Your
Critical Thinking Skills
THE AVOIDABLE VS. UNAVOIDABLE PRESSURE ULCER DEBATE
If a patient is cold, if a patient is feverish, if a patient is faint, if he is sick after taking food, if he has a bed-sore, it is generally the fault not of the disease, but of the nursing.

- Florence Nightingale

*Notes on Nursing*, 1859
Jean-Martin Charcot
The Decubitus Ominosis

Lecture on Diseases of the Nervous System
1877

Levine JM, JAGS 53:1248-1251, 2005
http://www.jeffreymlevinmd.com/charcot-on-pressure-ulcers/
JEAN MARTIN CHARCOT VS. HENRI BROWN-SEQUARD

THE AVOIDABLE VS. UNAVOIDABLE DEBATE BEGINS

Alois Alzheimer
Frau August D

Died April 8, 1906
Septicemia due to decubitis ulcers in end stage Alzheimer’s Disease

Shenk D,
The Forgetting
2001, p. 22
FAST FORWARD TO THE TWENTIETH CENTURY . . .

Skin Failure
Langemo & Brown
2006

Kennedy Terminal Ulcer
Karen Lou Kennedy 1989
Skin Changes
At Life’s End (SCALE)
2009

SCALE Documents downloadable from www.dianelkrasner.com
Physiological changes that occur as a result of the dying process (days to weeks) may affect the skin and soft tissues and may manifest as observable (objective) changes in skin color, turgor, or integrity, or as subjective symptoms such as localized pain. These changes can be unavoidable and may occur with the application of appropriate interventions that meet or exceed the standard of care.

An avoidable pressure ulcer can develop when the provider did not do one or more of the following: evaluate the individual’s clinical condition and pressure ulcer risk factors; define and implement interventions consistent with individual needs, individual goals, and recognized standards of practice; monitor and evaluate the impact of the interventions; or revise the interventions as appropriate.

NPUAP, 2010; OWM 2011; 57(2): 30.
An unavoidable pressure ulcer can develop even though the provider evaluated the individual’s clinical condition and pressure ulcer risk factors; defined and implemented interventions consistent with individual needs, goals, and recognized standards of practice; monitored and evaluated the impact of the interventions; and revised the interventions as appropriate.

NPUAP, 2010; OWM 2011; 57(2): 30.
Introduced the terms:
- **Pressure Injury**
- **Unmodifiable risk factors**
- **Unmodifiable intrinsic risk factors (N=11)** (e.g. impaired tissue oxygenation)
- **Unmodifiable extrinsic risk factors (N=8)** (e.g. immobility)

Edsberg et al. JWOCN 2014; 41(4);313-334.
Surgical Debridement (Aggressive) vs. Enzymatic Debridement (Palliative) vs. No Debridement (Maintenance)

Photos Courtesy of Diane L. Krasner
Wound Care: Scope & Standards, CPGs, Safety & Quality
SCOPE OF PRACTICE

- Reflects State Nurse Practice Acts
- May differ from state to state for RNs
- Different for RNs & LPNs (e.g. RNs assess; LPNs monitor)
- CNAs / NAs practice under nurses direction
STANDARDS OF PRACTICE
(ANA, SCOPE & STANDARDS OF PRACTICE, 2ND EDITION, 2010)

- Care Planning
- Communication
- Consults
- Documentation
- Ethics
STANDARD OF CARE

What a reasonably prudent nurse would do with a similar patient in similar circumstances in a similar setting.
STANDARD OF CARE = ACTUAL CARE

STANDARD OF CARE IS NOT:

- Clinical Practice Guidelines
- Best Practices
- Policies & Procedures
- Information in textbooks
Prevention and Treatment of Pressure Ulcers: Clinical Practice Guideline

NPUAP EPUAP
PPPIA CPG
2014

Available at www.npuap.org
To Err is Human: Building a Safer Health System
Institute of Medicine
National Academy Press 2000

Crossing the Quality Chasm: A New Health System for the 21st Century
Institute of Medicine
National Academy Press 2001
If Disney Ran Your Hospital: 9 1/2 Things You Would Do Differently

Second River Healthcare Press 2004

If Disney Ran Your Hospital: 9 1/2 Things You Would Do Differently

Second River Healthcare Press 2004
The Checklist Manifesto: How to Get Things Right
Atul Gawande
Metropolitan Books
2010
Why Hospital Should Fly: The Ultimate Flight Plan to Patient Safety and Quality Care
John J. Nance, JD
Second River Healthcare Press
2008
Charting the Course
Launching Patient-Centric Healthcare
Sequel to Why Hospitals Should Fly

John J. Nance, JD
Kathleen Bartholomew, RN, MN
Second River Healthcare Press
2012
STREAMLINE DOCUMENTATION & TRAIN YOUR STUDENTS TO USE CHECKLISTS THAT CAPTURE CRITICAL DETAILS TO IMPROVE QUALITY AND SAFETY
Why Wound Care?
For Nursing Students
WWW.WHYWOUNDicare.COM
Quality Educational Resources Complimentary for Registered Users (Nursing Students, Recent Graduates, Faculty)
WOUND CARE ESSENTIALS TOOLKIT

• Basic & Advanced Modules (PowerPoints) to download

• *Chronic Wound Care: The Essentials*
  - 25 chapters in .pdf format to download

• Two videos on Wound Assessment and Documentation & Pressure Ulcers: Assessment and Management

• Access to *Ostomy Wound Management* tablet edition and the SAWC Network
WOUND CARE ESSENTIALS TOOLKIT

Also information on:

- Wound Educational Programs
- Certifications
- Associations

... And much, much more!
Basic Modules (PowerPoints)
Advanced Modules (PowerPoints)
BASIC MODULES
(POWERPOINTS TO DOWNLOAD)

Including:

- Wound Assessment
- Risk Factors
- Diabetic Foot Wounds
- Pressure Ulcers
- Venous Ulcers
- Types of Dressings
ADVANCED MODULES
(PowerPoints to Download)

Including:

- Pain Assessment & Management
- Legal Issues
- Venous Ulcers
- SCALE
WWC? MODULE #1
COMMON TYPES OF WOUNDS

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Lia van Rijswijk
DNP, MSN, RN, CWCN
Etiology:
- Trauma
- Surgery

Definition:
Acute wounds usually progress through all phases of the healing process in an orderly and timely sequence.
Etiology: Various, e.g.

- Insufficient blood supply
- Infection
- Repeat trauma
- Less-than-optimal nutritional or overall health status
- Less-than-optimal wound environment/care

Definition:

A wound that has failed to proceed through an orderly and timely healing process to produce anatomic and functional integrity within a reasonable period of time (2 to 3 months)
WOUND CLASSIFICATION OVERVIEW

Wound Classification Algorithm

- Surgical
  - Acute wounds (e.g., incisions, excisions, skin graft donor sites)
  - Chronic wounds (e.g., dehisced or infected surgical wounds)

- Nonsurgical
  - Acute wounds (e.g., burn wounds, abrasions, skin tears)
  - Chronic wounds (e.g., pressure ulcers, leg ulcers, foot ulcers)

Regardless of etiology wounds are further classified by depth

- Superficial (e.g., blister)
- Partial thickness (e.g., donor site, Stage II pressure ulcer)
- Full thickness (e.g., punch biopsy, Stage III or Stage IV pressure ulcer)
WWC? MODULE #1
KEY NURSING CONCEPTS

- Assessment
- Infection
- Infection Control
- Pain
- Patient Education
- Prevention
- Self Care Deficit
- Safety
WWC? MODULE #1

KEY NURSING DIAGNOSES

- Potential for Alteration in Skin Integrity
- Potential for Alteration in Tissue Integrity
- Impaired Skin Integrity
- Impaired Tissue Integrity
- Oral Mucous Membranes, Altered
- Knowledge Deficit r/t
- Self Care Deficit r/t
Registered Nurses (RN) assess wounds; Licensed Practice Nurses monitor wounds per state nurse practice acts

- Physicians diagnose wound etiology; some Advance Practice Nurses diagnose wound etiology per state nurse practice acts

- Correct etiology is key to selecting the correct clinical practice guideline to follow for an individualized patient & wound plan of care
WWC? MODULE #1
WEBSITES FOR FURTHER INFORMATION ON TYPES OF WOUNDS

- Association for the Advancement of Wound Care
  www.aawc1.org
- Canadian Association for Wound Care
  www.cawc.net
- National Pressure Ulcer Advisory Panel
  www.npuap.org
- World Union of Wound Healing Societies
  www.wuwhs.org
- Wound Ostomy Continence Nurses Society
  www.wocn.org
For every complex problem
There is a simple solution
and it is wrong.
- H. L. Menken
The real voyage of discovery consists not in seeking new landscapes but in having NEW EYES.

- Marcel Proust