Wound care scenario:

Greg is a 62 year old male who has parkinsons disease. He is unsteady on his feet and uses a walking stick to mobilise. He attended with a wound to his right forearm. The wound is a superficial skin tear.

What questions would you want to ask Greg?

Take a history?

Where else would you want to refer him to?

What assessments would you make on the wound?

How do you treat/ dress skin tears?

What further advice would you give Greg?

**Wound etiology:** Skin tear- superficial
**Wound location:** Right forearm
**Thickness:** Superficial
**Size:** 6×4×0cm deep
**Undermining:** any tracking- use a clock times to determine any granulation/slough
**Wound tissue:** 100% red granulation,
**Exudate:** Low

Case Scenario #1: Chronic Pressure Ulcer – Stage 4

Your patient is a 47-year-old woman who has had a history of diabetes for the past 25 years, is a stroke survivor, and has congestive heart failure. She developed a stage 4 pressure ulcer following an above the knee amputation six months ago during her hospital stay. She lives at home with her daughter, who is a nurse, and also has home health care three days a week for [dressing changes](http://www.woundsource.com/blog/product-know-how-different-types-wound-care-dressings). Home health care is planned to last for only three weeks.

**Wound etiology:** Pressure ulcer, stage 4
**Wound location:** Coccyx
**Thickness:** Full
**Size:** 6×4×1.4cm
**Undermining:** 2–10 o’clock, 0.7cm
**Wound tissue:** 80% red granulation, 20% yellow fibrinous slough
**Exudate:** Heavy
**Bioburden:** Yes

What dressing order would you choose to benefit your patient most?

a. Cleanse wound with normal saline. Pat dry. Pack wound and undermining with calcium alginate. Cover with bordered foam three times a week.
b. Cleanse wound with normal saline. Pat dry. Pack wound with wet-to-dry dressing twice daily. Cover with abdominal pads. Secure with paper tape.
c. Cleanse wound with normal saline. Pat dry. Pack wound and undermining with silver alginate. Cover with bordered foam daily.

Answer: C. Due to date of onset, wound depth, exudate amount, and bioburden, an antimicrobial absorptive dressing is the best choice. The frequency is based on the exudate amount and the knowledge that the daughter can change the dressings on the days home health care is not available.

## Case Scenario #2: Chronic Diabetic Neuropathic Foot Ulcer

Your patient is 85 years-old, lives alone and has no family. He has poor vision and limited mobility due to arthritis. He was diagnosed with type 2 diabetes two years ago. He is compliant with monthly diabetic checkups with his physician, and it was discovered that he had an ulcer at the plantar aspect of the right foot. Your patient has been treating the wound himself for three months by soaking his foot in Dreft laundry detergent. The patient has now been referred to the wound care center, where he will be seen weekly.

**Wound etiology:** Neuropathic ulcer, diabetic type 2
**Wound location:** Right foot, plantar
**Thickness:** Full
**Size:** 4.2×2.3×0.2cm
**Wound tissue:**Pink/red granulation 100%
**Periwound:**Hyperkeratotic
**Exudate:** Minimal to moderate
**Bioburden:** Yes

As the wound physician/nurse, what dressing order would you choose to benefit your patient most with his situation?

a. Cleanse foot wound with normal saline. Apply collagen particles to wound bed. Cover with bordered foam three times a week.
b. Use silver hydrogel gauze dressing, foam, and a total contact cast once a week.
c. Cleanse foot wound with normal saline. Apply silver foam dressing. Secure with gauze roll, tape, and one layer of retention dressing (above toes to 1 inch below knee). Change once a week.

Answer: C. The patient has arthritis and has no help at home. Selecting an advanced wound care dressing that has longer wear time is most beneficial for the patient and the wound healing process. Following up with the wound physician once a week will help with monitoring.

In conclusion, not all patient scenarios are the same. Many factors play into developing a treatment care plan for your patients. [Ask questions](http://www.woundsource.com/blog/dressing-selection-which-dressing-choose), educate, and tailor the plan of care. With thousands of dressings available, there are many options to make a better dressing selection that works for a patient’s specific needs. Educate yourself on dressing categories, indications, and wear time use. This way you can help your patients with wound healing to the best of your ability