

WOUND CARE ESSENTIALS DURING COVID-19



This short guide is based on the script of the EWMA's emergency podcast on wound care essentials with Julie Jordan O'Brien. It was adapted into a short PDF file that could be shared with your colleague or printed out.

Wound care essentials during COVID-19

In a time with reduced services in many wound care clinics, many chronic wound patients would rely on home care. With this short guide, we would like to help all health care professionals who might see chronic wound patients in the next few weeks in a home care setting. It might be especially helpful to those healthcare professionals who are not specialized in wound care.

How to help chronic wound patients during COVID-19?

Many patients are frightened that they may become infected with COVID-19 and therefore may not allow a nurse into their homes. It may be possible for them to administer self-care. Please ensure that patients understand hand washing procedures and have dressings and packs available to them in their homes. All self-care should be documented, and it should be noted that it is due to COVID-19. An emergency number for a local public health centre should be provided, in the case of infection or should support be needed. Wounds can be monitored remotely, and reassurance can be given if the patient has access to a smart phone.

How to change the dressing of a chronic wound patient in a home care setting?

If you need to change the dressing of a chronic wound patient, especially in a home care setting, keep in mind the following steps:

Pain management:

Remember that dressing changes might be a painful experience for a chronic wound patient. To minimise pain during the dressing change, thoroughly soak the dressing prior to removal. Use the right dressing for the right stage of wound healing. For example: Use nonadherent primary dressings for simple granulating or epithelialising wounds, and use supra absorbent dressings if there is a large amount of exudate. Try to select pain-reducing dressings (examples) such as silicone or foam. If there is a cavity present, avoid the use of aggressive packing, but do dry the wound bed and wound edges to avoid contamination and pain.

Cleansing the wound:

The wound should be cleansed when the dressing is changed. You can use potable tap water for chronic wounds in adults if normal saline or other cleansing solutions are unavailable. You can sit the patient down on a chair over a shower tray. Hose down the limb, if possible, especially if the ulcer is extensive or circumferential, to remove dry scaly skin and odourous exudate.

Debridement:

In some cases, you will need to debride the wound if there is a build-up of necrotic tissue, callus, slough or other non-viable tissue in the wound. Careful assessment of the patient, the wound and peri wound skin is essential before taking the decision to debride the wound. Check for pulses to ensure adequate blood supply. Choose the debridement method depending on the status of the wound, your capabilities and the overall condition of the patient. If it is safe to remove the dead tissue, you can use simple methods such as hydrogels or hydrocolloids, which will loosen and soften the dead tissue allowing for pain-free removal.

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Wound dressing:

Once the wound has been cleaned, you can apply the dressing. Use dressings that maintain a moist wound-healing environment. Select a dressing that fits the size of the wound, stays in place, absorbs exudate, minimises shear and friction and does not cause additional tissue damage. If possible, leave the dressings in place and change them infrequently to minimise infection. However, there may be exceptions, for example wounds that are infected and need more frequent dressing. Dressings should be changed if it's clear that they can't soak up any more wound secretions, if they slip out of place or if fluid leaks out of the bandage. (Dressings include nonadherent simple dressings, absorbent foams and silicone to antibacterial dressings which reduce the bioburden at the wound bed.) Careful assessment and establishing a goal of what you are trying to achieve will assist in the decision making concerning which dressing is most suitable. For example, using an antibacterial dressing under compression may reduce bacteria, odour and exudate, so that longer wear time is possible.

If you want to learn more, you can enrol for free in the [EWMA's Basic Wound Management e-learning course](#). It will give you an easy-to-follow introduction to basic wound management.