

Skin & Wound Care for People Who Use Drugs

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About Us



Objectives

- ▶ Recognize basic principles of wound care
- ▶ Defining chronic vs. acute wounds
- ▶ Identify implications of documentation
- ▶ Discuss 2 interactive case studies
- ▶ Dressing selection
- ▶ Explore tools and resources
- ▶ Reflect on implications for people who use drugs and people who are homeless/under-housed
- ▶ Most importantly... have a discussion!
 - ▶ What are you seeing? What's been challenging/effective?

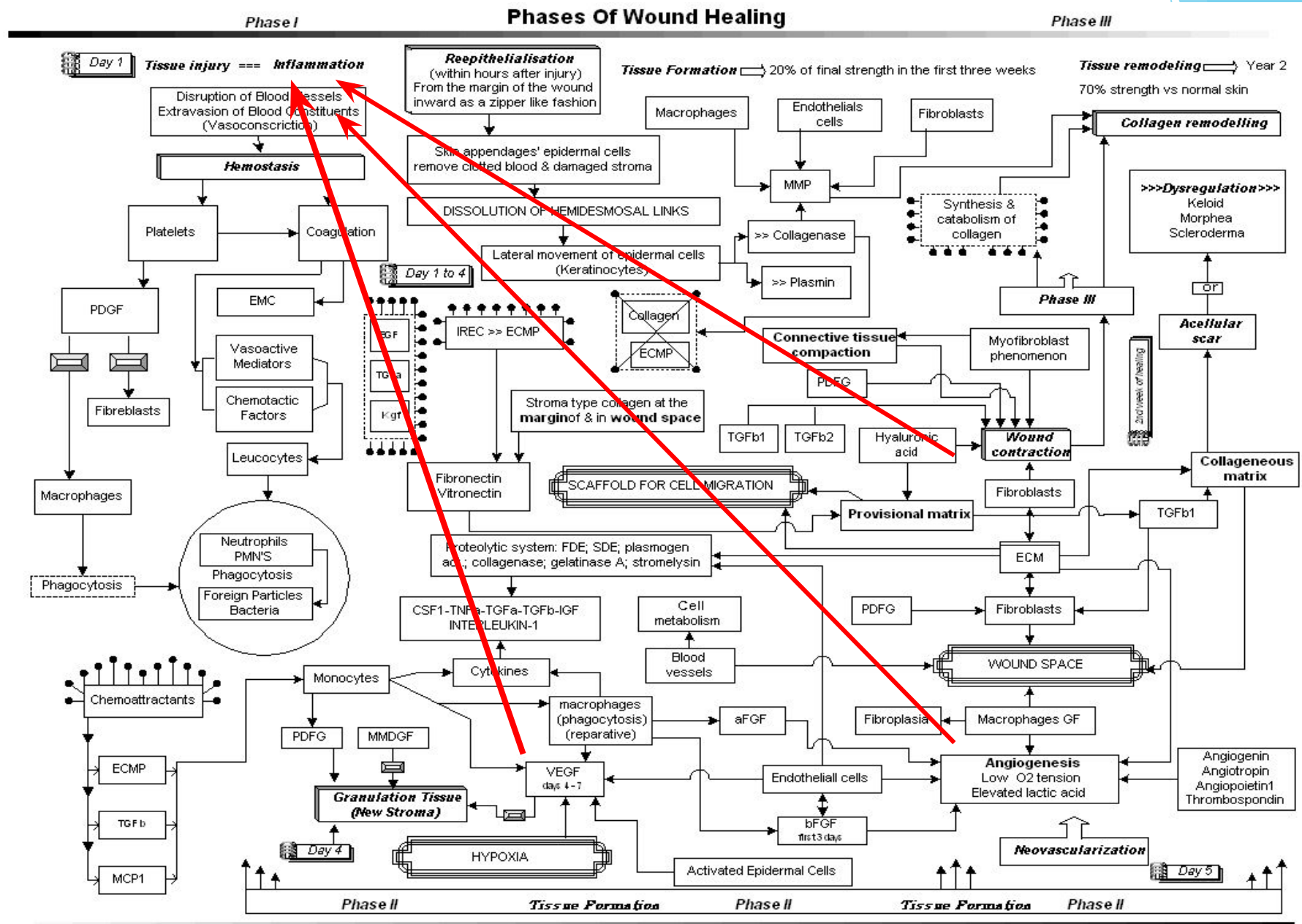
Basic Principles

- ▶ Client centered care
 - ▶ “adherence” vs. “compliance”
- ▶ Treat the Cause / Treat the System
- ▶ Local wound care
 - ▶ Cleansing/debridement
 - ▶ Bacterial balance
 - ▶ Moisture balance

Phases of Wound Healing

- ▶ Hemostasis
 - ▶ Immediate response
- ▶ Inflammation
 - ▶ 0-4days
- ▶ Proliferation
 - ▶ 4-21days
- ▶ Maturation
 - ▶ Up to 2 years





Definition

- ▶ Acute wound - a wound that occurs when the integrity of any tissue is compromised (e.g. skin breaks, muscle tears, burns, or bone fractures. A wound may be caused by an act, such as a gunshot, fall, or surgical procedure; by an infectious disease; or by an underlying condition.
- ▶ Heals by primary or secondary intention



Definition

Chronic wound - a wound that fails to progress through an orderly and timely sequence of repair or wounds that pass through the repair process without restoring anatomic and functional results



Lazuras et al 19

With permission C. Harris

Categories of Chronic Wounds: Definition

Healable wound - a wound that has adequate tissue profusion, the cause corrected and existing co factors optimized



Categories of Chronic Wounds: Definition

Maintenance wound - a wound that may be healable but system factors or patient related issues are preventing the wound from healing



Categories of Chronic Wounds: Definition

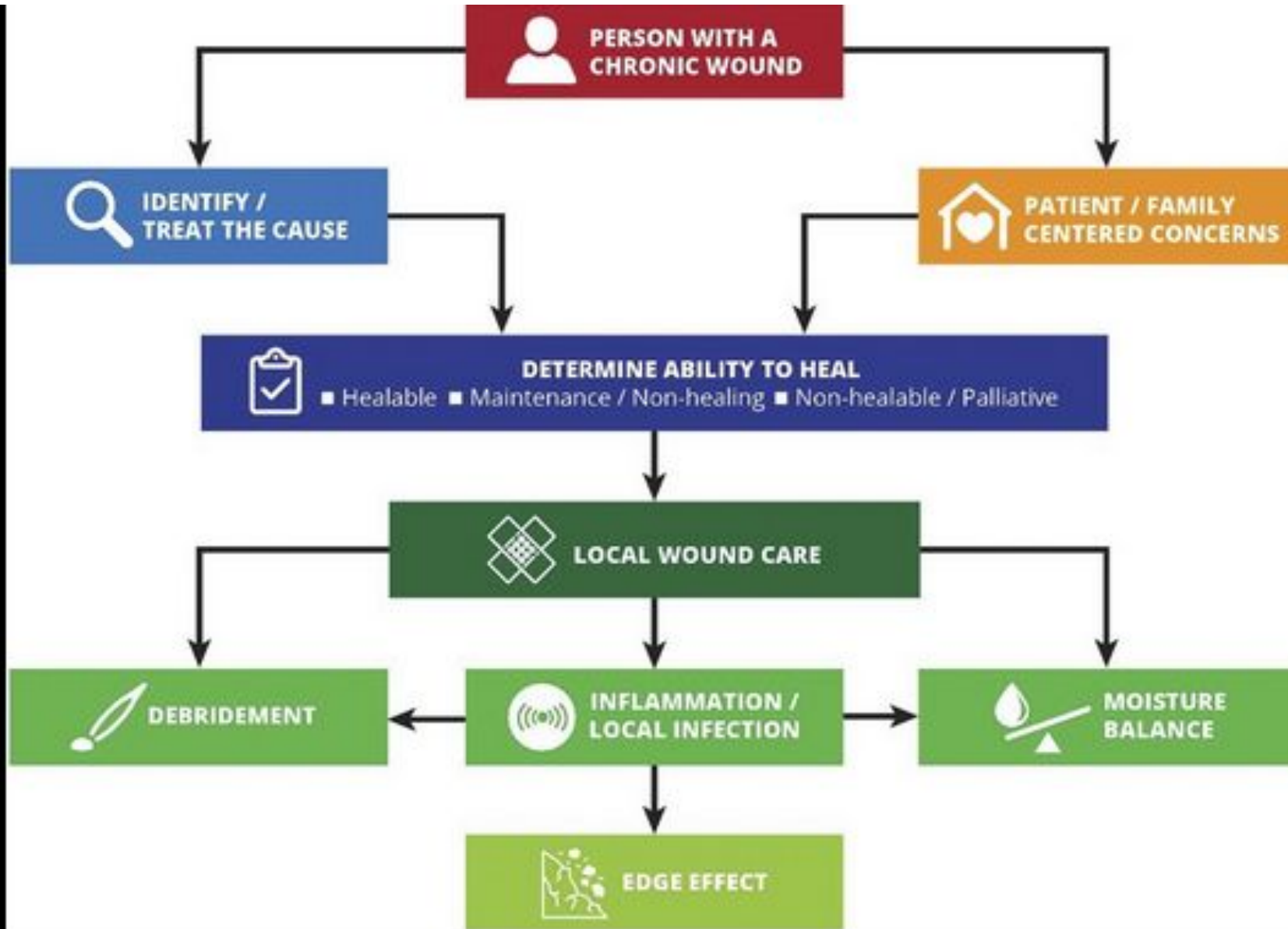
Non healable wound - a wound that does not have adequate blood supply to support healing ,this blood supply cannot be corrected or the cause cannot be corrected or optimized



Documentation

- ▶ What is your organizations wound care documentation tool?
- ▶ Important for monitoring progress, having a shared language
 - ▶ Size, exudate, borders, depth, tunneling, undermining, plan of care
- ▶ Consistency is the key

Wound Bed Preparation 2021



Case Study 1



Casey Study 2



Case Study 2 cont'd





STAGE 2



NERDS
Superficial:
Treat
topically

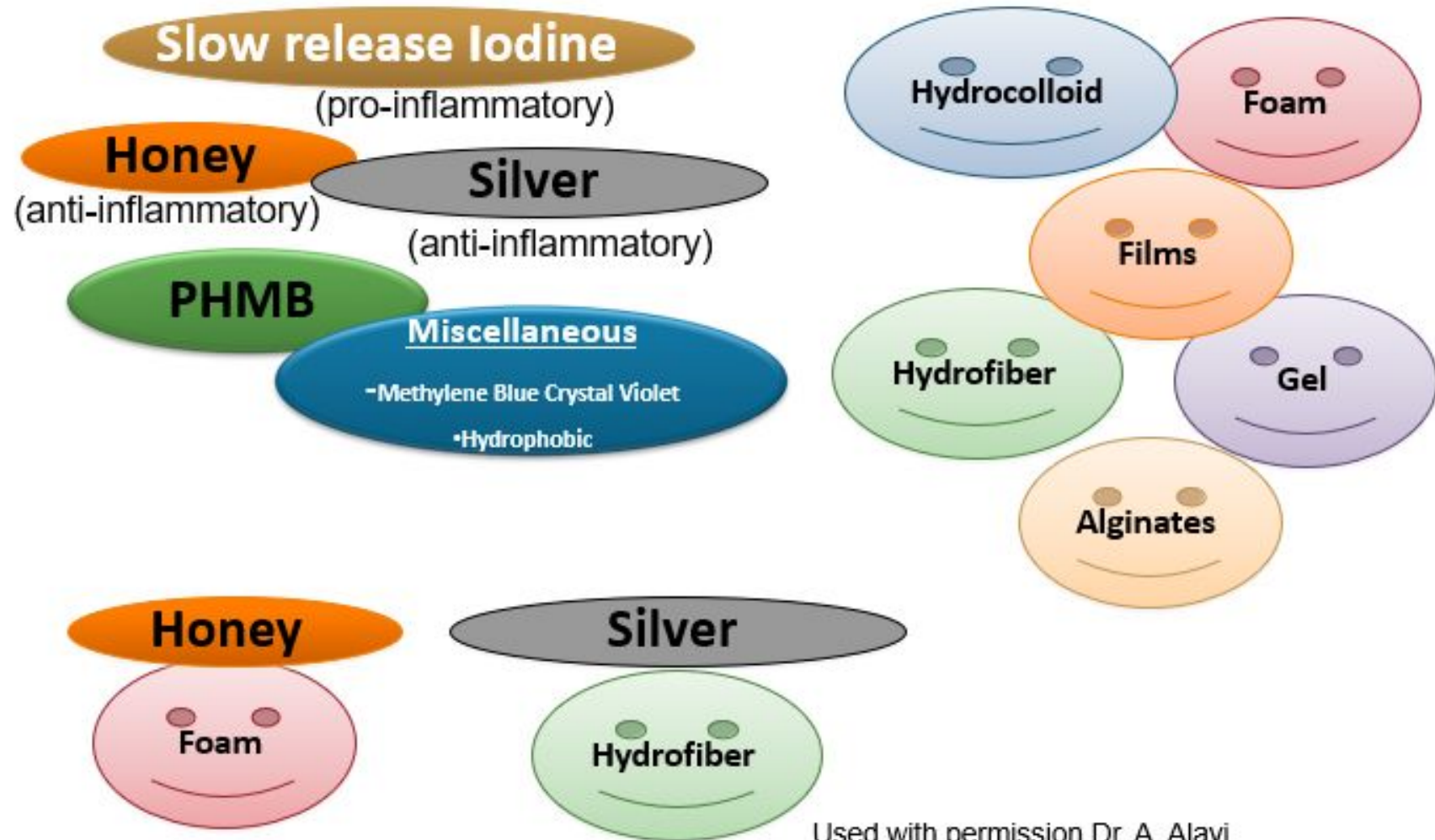
- Non-healing
- **Exudate**
- Red + Bleeding
- Debris
- **Smell**

Increased pain

STONEES
Deep:
Treat
Systemically

- Size is bigger
- Temperature ↑
- Os (probes, exposed)
- New breakdown
- **Exudate,**
- Erythema, Edema
- **Smell**

Antimicrobial Dressings



Used with permission Dr. A. Alavi



Deep Infection & Chronic Wounds

Infection with wound duration < 1 month or immune competent

- Treat for gram positive or culture result

Infection with wound duration > 1 month or immune compromised

- Gram positive
- Gram negative
- Anaerobes



Tools and Resources

- ▶ NERDS and STONEES (Sibbald et al, 2015)
- ▶ RNAO Best Practice Guidelines
- ▶ Wounds Canada
 - ▶ Best Practice Recommendations Prevention and Management of Wounds of all types
 - ▶ Product Picker
 - ▶ Wounds Canada Journal
- ▶ An Introductory Guide for Assessing and Understanding Common Wounds with People Who Inject Drugs (Dunn and Gauthier, 2020)
- ▶ Local resources and referrals - nurse educator, SW, dietitian, wound care clinics (SMH, WCH)

Implications

- ▶ Not all wounds in PWUDs are a result of injecting
- ▶ Plan of Care needs to reflect:
 - ▶ client goals
 - ▶ living environments
 - ▶ available resources
- ▶ Communication and collaboration - with client and informal/formal supports

Questions / Comments / Discussion?

More Questions?
(We love wound care!)

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