South Riverdale COMMUNITY HEALTH CENTRE

Skin & Wound Care for People Who Use Drugs

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Land Acknowledgement

Introductions

Objectives

- ★ **Define chronic vs. acute wounds**
- ★ **Discuss the Wound Bed Preparation Paradigm**
- ★ **Understanding Etiology of (Chronic) Wounds**
- ★ **Describe Wounds and Infections**
- ★ **Discuss Wound Assessment**
- ★ **Describe Local Wound Care**
- ★ **Explore tools and resources**
- ★ **Most importantly… have a discussion!**
  - What are you seeing? What's been challenging/effective?

Phases of Wound Healing

- Hemostasis
  - Immediate response

- Inflammation
  - 0-4 days

- Proliferation
  - 4-21 days

- Maturation
  - Up to 2 years

Acute vs. Chronic Wounds

Acute

- integrity of any tissue is compromised
- skin breaks, muscle tears, burns, or bone fractures
- caused by
  - an act, such as a gunshot, fall, or surgical procedure
  - by an infectious disease
  - by an underlying condition

Chronic

- wound that fails to progress through an orderly and timely sequence of repair
- wound passes through the repair process without restoring anatomic and functional results


WOUND BED PREPARATION 2021 ©
PERSON WITH OR AT RISK OF A CHRONIC WOUND
1 IDENTIFY / TREAT THE CAUSE
2 PATIENT / FAMILY CENTERED CONCERNS
3 DETERMINE ABILITY TO HEAL
■ Healable ■ Maintenance / Non-healing ■ Non-healable / Palliative
4 LOCAL WOUND CARE
5 DEBRIDEMENT
6 INFLAMMATION / LOCAL INFECTION
7 MOISTURE MANAGEMENT
8 HEALING TRAJECTORY
9 EDGE EFFECT
10 SYSTEM
Sibbald, RG, Elliott JA, Persaud-Jaimangal R, et al. Wound Bed Preparation 2021. Advances in Skin and Wound Care.2021.34(4):183-95. www.woundcarejournal.com
WoundPedia©

What's going on here?

What more do you want to know?

How would you determine etiology?

Assessment

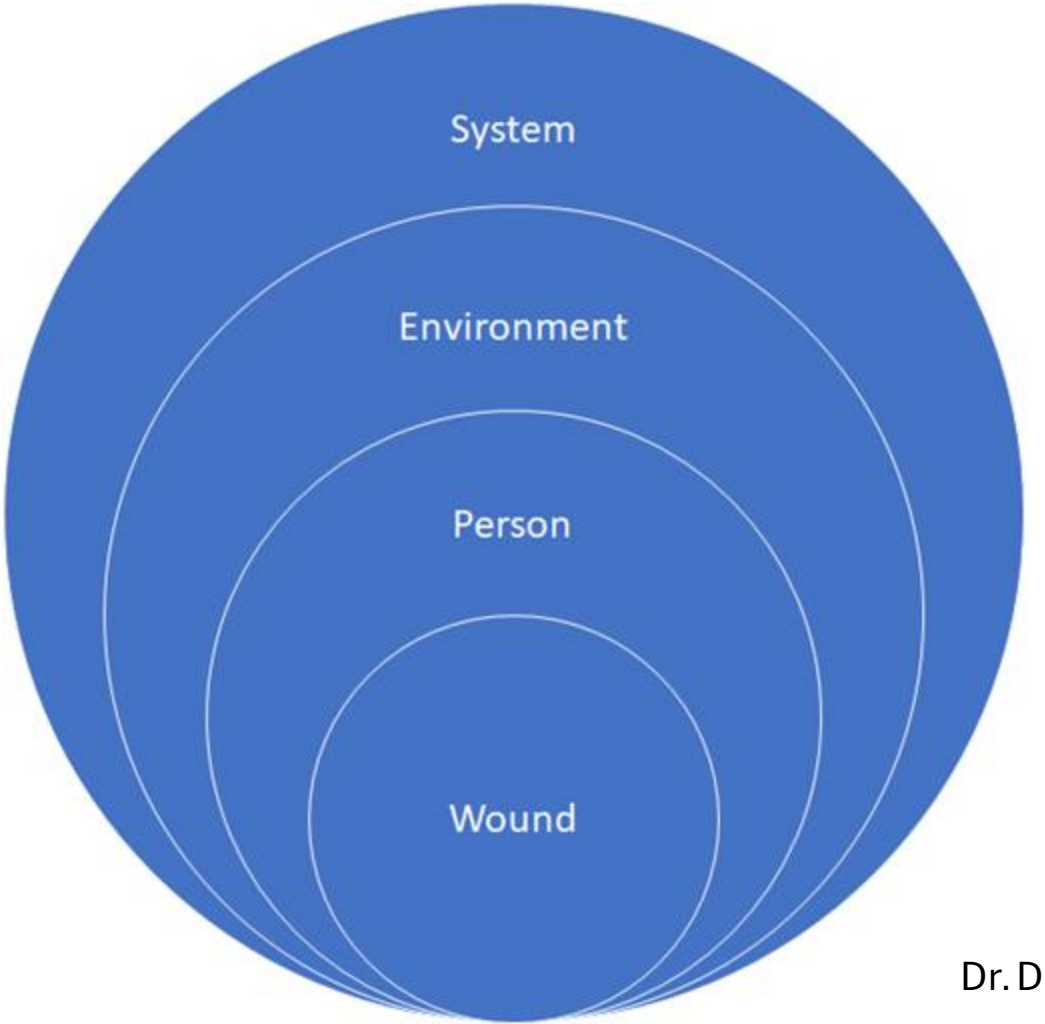
- Medical history
- Social/Environmental history
- Medication history
- Wound history
- Etiology (cause)
- Extent of injury
- Wound-healing status - healable, non-healing/maintenance, non-healable
- Wound characteristics

Assessment

MEASURE Mnemonic

- **M**easure (length, width, depth and area)
- **E**xudate (quantity and quality)
- **A**ppearance (wound bed, including tissue type and amount)
- **S**uffering (pain type and level)
- **U**ndermining
- **R**e-evaluate (monitoring of parameters regularly)
- **E**dge (condition of edge and surrounding skin)

Developed by D. H. Keast et al



Dr. D. Keast

Common Causes of Chronic Wounds

Vasculitis

Venous stasis

Neuropathic foot ulcer

Drugs!

- Hydroxyurea
- All-trans Retinoids
- Systemic retinoids
- Methotrexate
- Interferon Beta
- Antivirals
- Kinase inhibitors
- Nicorandil
- Xylazine

- Why using the drug
  - Disease specific treatment
- What is the source
  - Controlled
  - Non-controlled
- When are they used
  - As directed by health care professional
- How are they used
  - Orally, IV etc.
- RISK
- BENEFIT

Know the side effects!
Some drugs cause wounds,
Some will delay healing

Xylazine

Zagorski et al. Harm Reduction Journal (2023) 20:141
https://doi.org/10.1186/s12954-023-00879-7

Harm Reduction Journal

PERSPECTIVE Open Access

Reducing the harms of xylazine: clinical approaches, research deficits, and public health context

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Abstract

Objectives Xylazine has emerged as a consistent part of the unregulated drug supply in recent months. We discuss major domains of xylazine's harm, current knowledge deficits, clinical and harm reduction strategies for minimizing harm, and xylazine's public health and policy context. As an interdisciplinary team from across the USA, we have pooled our knowledge to provide an overview of xylazine's current and emerging contexts.

Methods To inform this essay, the pertinent literature was reviewed, clinical knowledge and protocols were shared by multiple clinicians with direct expertise, and policy and public health context were added by expert authors.

Results We describe xylazine's major harm domains—acute poisoning, extended sedation, and wounds, along with anemia and hyperglycemia, which have been reported anecdotally but lack as clear of a connection to xylazine. Current successful practices for xylazine wound care are detailed. Understanding xylazine's epidemiology will also require greater investment in drug checking and surveillance. Finally, approaches to community-based wound care are discussed, along with an orientation to the larger policy and public health context.

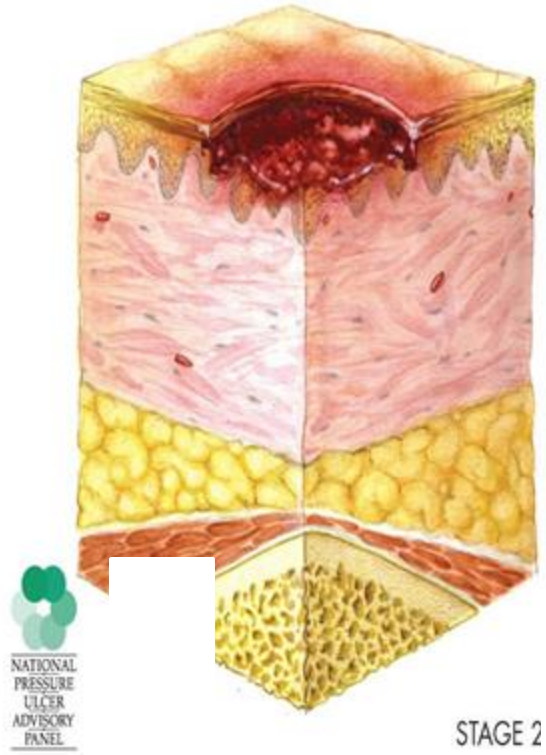
Conclusions Addressing the harms of xylazine requires interdisciplinary participation, investment in community-based harm reduction strategies, and improved drug supply surveillance. The relatively unique context of xylazine

- Mechanism of action in wound formation not fully understood
- Respond well to wound care that follows Basic Principles of Wound Care
- Prolonged sedation → repositioning to reduce risk of Pressure Injury and Compartment Syndrome

Wounds and Infections

- What causes infection?
  - Pathogen + Host + Proliferation
- Pathogen – bacteria, virus, fungus
- Host Factors & Immune System
  - Immunocompromised – eg. HIV, other comorbidities, nutrition, exhaustion!
- Proliferation
  - The pathogen finds it's ideal living conditions and it grows and spreads!

PAIN AND WOUND INFECTION
Sibbald, Woo, Ayello 06
Woo, Sibbald 09



NERDS
Superficial:
Treat topically

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

Increased pain

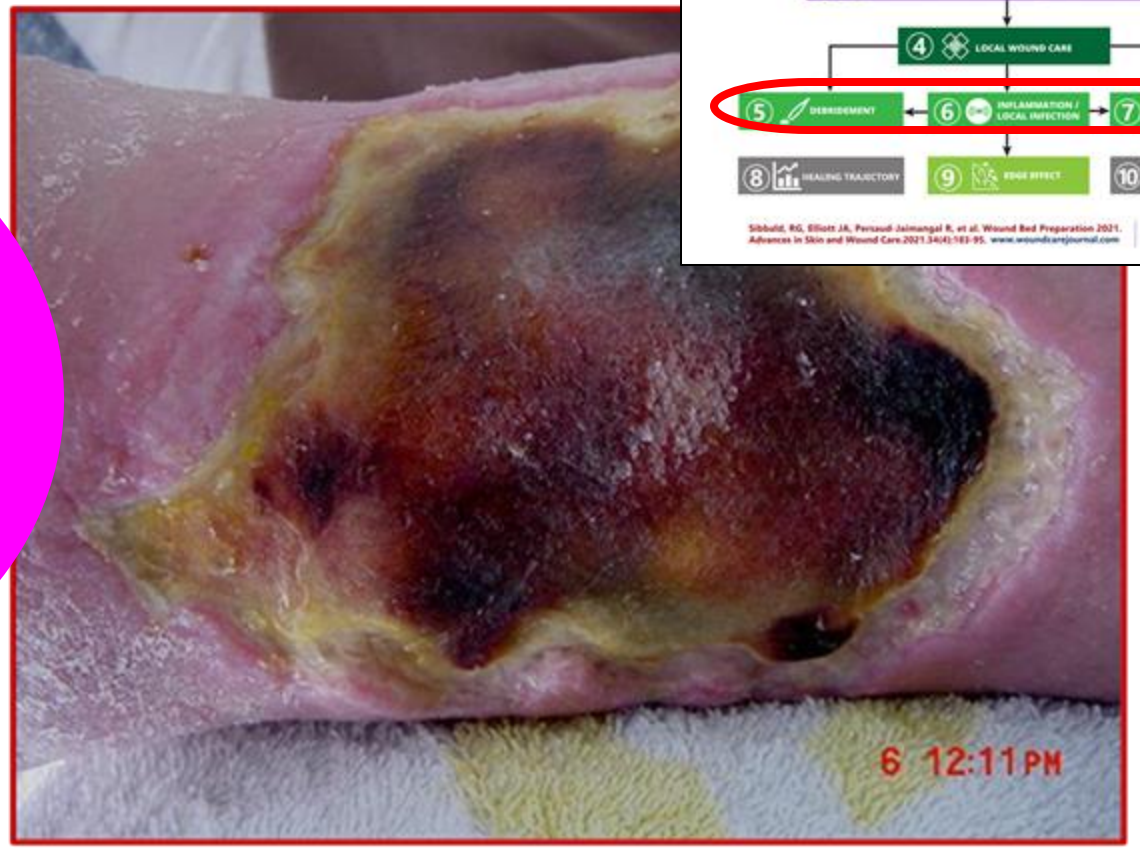
STONEES
Deep:
Treat Systemically

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

Not all skin and wound infections are caused by drugs and/or injecting!

What is the local wound care?

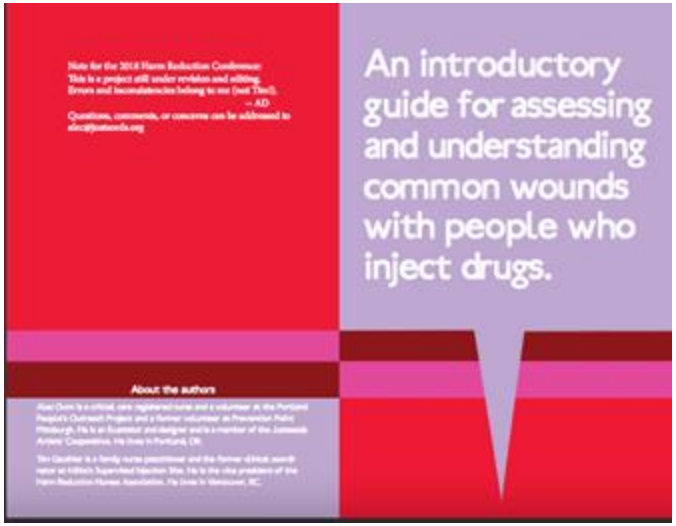
Remember:
The wound, the patient, and the system determine local wound care

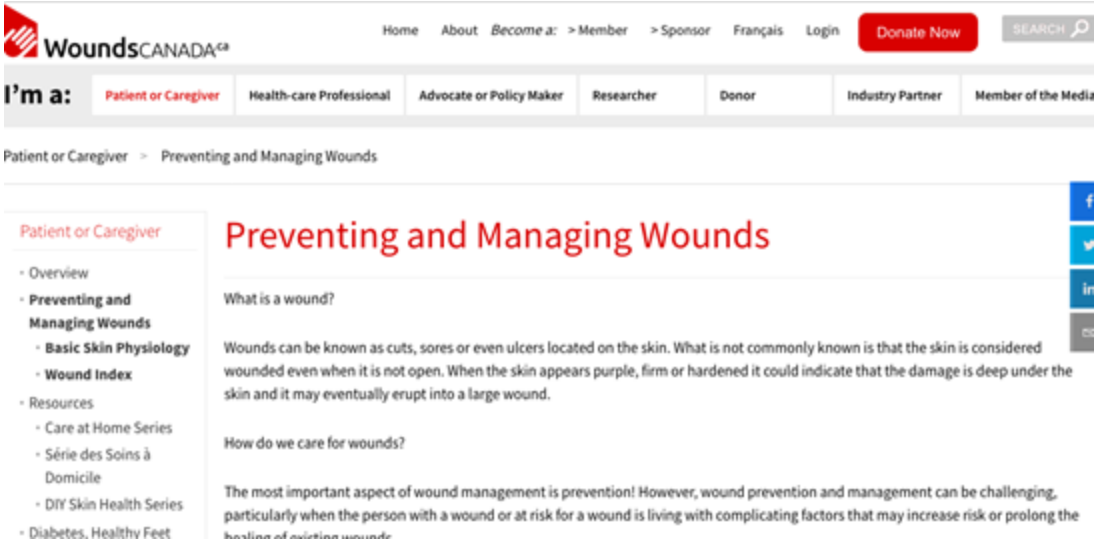


With permission E. Telegdi

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
  - Care at Home Series
- An Introductory Guide for Assessing and Understanding Common Wounds with People Who Inject Drugs (Dunn and Gauthier, 2020)
- CATIE STOP Tool
- NSWOC Harm Reduction Community of Practice (office@nswoc.ca)
- Reducing the Harms of Xylazine https://harmreductionjournal.biomedcentral.com/articles/10.1186/s12954-023-00879-7
- Focus on Resource Limited Settings https://wawlc.org/


An introductory guide for assessing and understanding common wounds with people who inject drugs.
About the authors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DIY Skin Health Series
Diabetes, Healthy Feet
Preventing and Managing Wounds
What is a wound?
Wounds can be known as cuts, sores or even ulcers located on the skin. What is not commonly known is that the skin is considered wounded even when it is not open. When the skin appears purple, firm or hardened it could indicate that the damage is deep under the skin and it may eventually erupt into a large wound.
How do we care for wounds?
The most important aspect of wound management is prevention! However, wound prevention and management can be challenging, particularly when the person with a wound or at risk for a wound is living with complicating factors that may increase risk or prolong the

Questions / Comments / Discussion?

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