

Wound Hygiene: Utilizing Monofilament Pad for Multiple Uses in Long Term Care

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Multiple LTC Facilities in Southeast

STATEMENT OF CLINICAL PROBLEM

Wound care programs in the Long Term Care (LTC) setting are challenged with multiple stalled wounds and limited scope of practice for sharp debridement.

Wound hygiene with monofilament pad can assist wound healing with biofilm removal, removal of necrotic tissue and hyperkeratotic skin, while falling within scope of practice for licensed nurses (1). The purpose of these case studies is to evaluate a monofilament mechanical wound hygiene product for various wounds in LTC.

Prior wound preparation consisted of cleansing with saline and wound cleaners. Necrotic tissue removal was addressed with enzymatic, chemical and autolytic debridement. Skin scale removal with cleansing and moisturizing was largely unsuccessful. Stalled wounds were treated with collagen or antimicrobial dressings.

METHODOLOGY

Facility based wound care nurses were educated through didactic, video learning and written competency by Wound Care Consultant team members. The Wound Care Consultants provided hands on guidance with first product use. Criteria for product evaluation were skin scaling, necrotic tissue and stalled wounds.

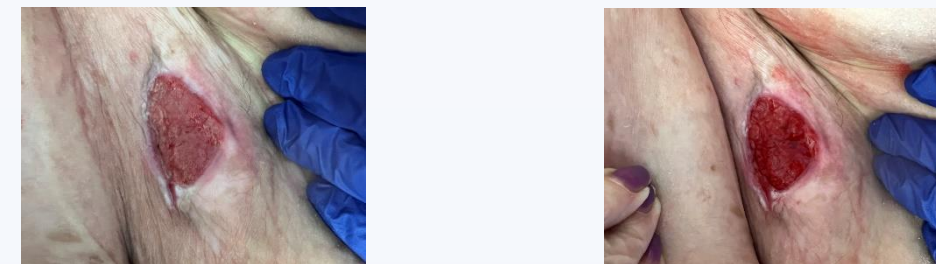
Since wound bed assessment is generally a visual assessment, wounds were assessed and visually aided by photo documentation pre/post-initial product use by the facility wound care nurse.

The Wound Care Consultants collected photographic data from facilities providing the documentation. Standardized evaluations for the wounds were included to evaluate data to determine ease of use, wound bed preparation process, time savings, discomfort and recommendation for use over current cleansing regimen.

RESULTS

Patient #1 6-month stalled wound:

Pre and post hygiene



2 Weeks; Pre and post hygiene

Week 3 result



Patient #2 Stalled wound: Pre and post hygiene



Patient #3 Slough Pre and post hygiene



Patient #4 Stalled/Slough: Pre and post hygiene



RESULTS

Patient #5 Adherent slough: Pre and post hygiene



Patient #6 Soft eschar: Pre and post hygiene



Patient #7 Lysing eschar: pre and post hygiene



Patient #8 Scaling: Pre and post hygiene

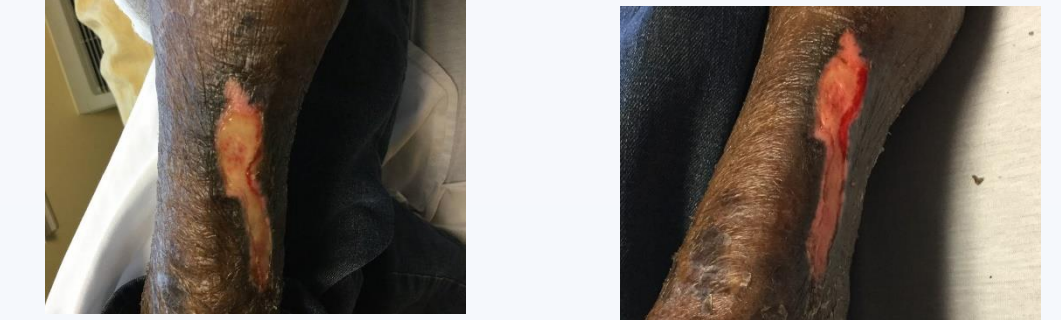


Patient #9 Scaling: pre and post hygiene



RESULTS

Patient #10 Stalled: Pre and post hygiene



CONCLUSIONS

- Stalled wounds appear to have less film and improved color of tissue.
- The eschar wounds had thinning of eschar and clearer demarcation at edges.
- Slough wounds had less volume and density.
- Scaling visibly improved.
- Pain was nonexistent or minimal during the 1–3-minute treatment.
- Training was simple and easily implemented at the bedside without scope of practice issue.
- Eight nurses trained on the product during evaluation period rated it from 1-5 with 5 being highest rating. Simplification of wound bed preparation process and ease of use were scored 5.0; time savings and report of less pain 4.8 and recommendation to use over current wound bed preparation process scored 4.6.

Study was limited to initial and one subsequent use of product leaving opportunity to study optimal frequency of use in obtaining goals.

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