

Long-Term Care Survey Alert

CARE PLANNING: 4 Restraint-Free Ways To Keep Residents' Hands Away From Infected And Colonized Wounds

A creative care plan can prevent spread of MRSA and other pathogens.

If a resident with dementia has an MRSA-infected or colonized wound he keeps touching, you don't have to resort to restraints to keep the person's hands from spreading the microorganism to other parts of his body--or other residents.

Instead, consider these field-tested strategies:

- Dress the wound to get it out of the person's sight and mind--and then cover it with clothing, suggests **Cheryl Field, MSN, RN**, a consultant with **LTCQ Inc.** in Lexington, MA.
- Occupy the person with her favorite activities involving the hands during times when she might be bored and thus focus on the wound.
- Ask the ordering clinician to use a dressing that's changed every other day or every three days where the outcome won't be any different if the staff used a different wound dressing requiring multiple daily changes, advises Field.

Assess for Discomfort

If a person continues to touch a wound--and can't tell you why--look to see if the wound dressing may be causing an allergic reaction or irritation. Also use a standardized pain scale, such as the Pain Assessment In Advanced Dementia Scale, appropriate for people with impaired cognition, suggests **Sheila Capitosti, RN,C, MHA, MHSA**, with LTCQ.

Medicating the resident who has wound pain 30 to 45 minutes before a dressing change can be a good infection-control measure. "The dressing change can aggravate or cause pain that won't diminish for a time after the wound manipulation--and that's when the person may try to touch an infected wound," says Capitosti.

Tip: Provide a diversional activity during wound dressing changes, such as allowing the resident to hold a favorite doll or sing a song with you so he attends to something rather than the wound, suggests Field.