

Long-Term Care Survey Alert

CLINICAL CARE: Acronym For Topical Wound Therapy Spells Out Rx Essentials

Follow this reminder for a best-practice wound-care program.

"DIWAMOPI" isn't an acronym you can readily commit to memory, but posting it can help ensure your wound-care team covers the bases.

Below **Dorothy Doughty, RN, MN, RN, CWCN, FAAN**, director of **Emory University's Wound Ostomy Continence Nursing Education Center** in Atlanta, explains what each letter of the acronym stands for and provides some wound-care tips related to each strategy.

Debride necrotic tissue (unless contraindicated). "Debride a wound if you are trying to get the wound to heal and it has necrotic tissue," advises Doughty.

Identify and treat infection. Infection localized to the wound is the hardest to diagnose, notes Doughty. Look for a "sudden deterioration in the quality or quantity of granulation tissue and persistent high-volume wound drainage. Normally as you move through the healing process, the volume of exudate will decrease. Persistent high volume or increase in drainage usually is bacterial. The patient will also complain of increasing pain in most cases." Signs of wound infection in the surrounding tissue or cellulitis include redness or erythema extending more than 2 cm from the wound edge, induration, heat and pain, says Doughty.

"The mainstay in preventing and addressing infection is to remove the necrotic tissue," says **Sue Gardner, PhD, RN, CWCN**, a nursing professor at the **University of Iowa**. "Then you can use topical preparations, such as silver dressings, to treat bacterial overload or surface infection in the wound bed."

Wound infection in the surrounding tissue will require systemic antibiotics to treat, adds Doughty.

Wick exudate from tunnels and undermined areas. Doughty cautions people to check the wound to see if it has a little tunnel at 12 or 6, for example. If so, "Pick an absorptive dressing small enough to go into that tunnel," she suggests. "You might take a little strip of NuGauze to tuck into the tunnel so it can wick the fluid out of the tunnel. Then you'd use an alginate dressing as the primary absorptive dressing."

Absorb excess exudate. If a wound bed has exudate, you'll want to wick that exudate out or use a dressing to absorb it--but don't dry out the wound, advises Gardner.

Maintain a moist wound surface. Doughty notes that at the very end of the healing process, the wound will be dry when the new skin covers it. But until then, the "wound needs to be moist to keep cells alive and to promote cell activity."

Open the wound edges. This refers to the final stage of wound healing, which is when the new skin cells move across the surface, Doughty explains. But "you have to make sure the wound edges don't close prematurely or curl under prematurely. If that happens, a wound specialist should assess the wound and intervene."

Protect the healing wound from trauma or bacterial invasion. "You'll want to protect the healing wound to keep bacteria out and avoid trauma," says Doughty. So choose a dressing that won't traumatize the wound when you remove it, she suggests. And "if the patient has a trunk or sacral wound--and she is incontinent--the outer dressing has to be

waterproof to avoid bacterial contamination."

Insulate the wound as much as possible. You'll want to keep the wound surface warm. "Most of the dressings do that except for gauze," says Doughty.