OASIS Alert

Training: 3 Steps To Better Wound Healing

And how to know when wound healing isn't possible.

Do you know why acute wounds and chronic wounds heal differently?

How a wound heals is important information for the clinician to understand, according to wound care specialist **Dorothy Doughty**, from **Emory University** in Atlanta. This knowledge lets you work with the wound to encourage and support the body's own healing efforts, she emphasized, during the **Centers for Medicare & Medicaid Services'** Internet and satellite training session, "The State of Science in Wound Care Management" on April 23 (see "There's No Excuse For Ignorance About Wound Care Basics").

Acute wounds caused by injury or surgery result in bleeding and clotting. Clot breakdown then releases growth factors that promote healing, Doughty explained to the audience of surveyor staff, OASIS educators and home health agencies. But chronic wounds such as pressure ulcers don't bleed and have no clotting and no release of growth factors. That means they are more likely to need debridement and antibiotics to support healing, she added.

What to do: There are three basic steps to support wound healing, according to Doughty:

1. Identify and correct causative factors. Wounds can be caused by pressure or shear injuries, by friction injuries, by poor venous return, by problems with arterial circulation and by painless trauma in a patient whose sensation is absent or diminished, Doughty instructed. Correction could involve approaches such as low friction surfaces, lift sheets, heel cushions, protective dressings, hydration, smoking cessation or cold avoidance, she suggested.

2. Provide systemic support to encourage healing from the inside out. Nutritional support including adequate calories, protein, vitamins and minerals is vital for healing, Doughty reminded listeners. Glucose control and maintaining adequate perfusion -- through edema control and pressure relief -- also are necessary.

Caveat: The goal of wound healing is attainable only if you can correct causative factors and are able to provide systemic support, Doughty said. If not, you need to modify wound management goals and focus on providing comfort measures and -- if possible -- preventing wound deterioration.

3. Match the wound treatment to the wound. Your goal is to provide clean and moist conditions to promote healing, Doughty advised. You want "neither swamp conditions nor desert conditions," she explained, and must keep the wound insulated and protected against trauma and infections. The correct wound treatment will change over time as the wound changes, she added.

Tip: Infection always prevents healing, Doughty warned. So identify and treat any infection. To accurately determine the infecting organism, first flush the wound with normal saline, then swab a one square centimeter of viable tissue (**never** pus) with enough force to produce exudate, she directed. (For a dry wound surface, use a swab moistened with sterile saline).