



A Client Care Module:

HOW WOUNDS HEAL & HOW YOU CAN HELP

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Developing Top-Notch CNAs, One Inservice at a Time

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A Client Care Module:

How Wounds Heal & How You Can Help

THE LARGEST ORGAN OF THE BODY

Did you know skin is considered an organ just like the heart and lungs?

Skin is the largest organ of the human body.

You wouldn't ignore an abnormal heart rate or abnormal respirations in your client, and you shouldn't ignore wounds or other problems with your client's skin, either.

Any break in the skin, whether it is a cut, tear, burn or pressure ulcer, leaves the body vulnerable to infection.

To be as healthy as possible, people need *intact* skin. If a client's skin has no wounds, your goal is to keep it that way. But, if a client has surgery, develops a wound or is injured, you can play an important role in helping the skin heal.

Advertisers spend lots of money trying to convince us that we need special oils, creams and lotions to keep our skin healthy. But, the best way to have healthy skin is to exercise, get lots of fresh air, eat a balanced diet and drink lots of water.

Here are some facts about skin:

- The outer layer of skin is made up mostly of *dead* cells. They provide good waterproof protection.
- Humans shed about 600,000 skin cells every hour - that's about 1.5 pounds a year! By 70 years of age, an average person will have lost 105 pounds of skin.
- Our skin contains 45 miles of nerves.

Here are some facts about wounds:

- About 5 million Americans have a *chronic* wound that is healing slowly or *not at all*. Most of these people suffer from bed sores, diabetes or poor circulation in their lower legs.
- The *average* bed sore takes nearly one year to heal and can cost as much as **\$16-\$25 thousand** dollars to treat!

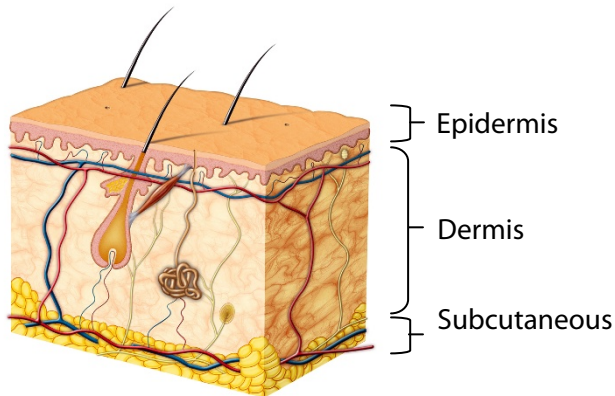
Keep reading to discover more about skin, wounds, and healing and learn how you can help your clients prevent and heal wounds.

WHAT'S NEW?

Grab your favorite highlighter! As you read this inservice, **highlight five things** you learn that you didn't know before. Share this new information with your co-workers!



ANATOMY AND PHYSIOLOGY OF THE SKIN



FORM AND FUNCTION!

Although skin is made up of just three thin layers— It is responsible for all of the following vital functions:

1. Protects the body from germs.
2. Makes the body “waterproof.”
3. Provides padding for bones and muscles.
4. Keeps the body temperature stable.
5. Makes the body feel everything it touches.
6. Circulates up to 25% of the body’s blood supply.
7. Produces important hormones and enzymes.
8. Allows oxygen to enter the body, while at the same time, getting rid of excess water.

But, that’s not all! In addition to these eight important jobs, the skin is expected to heal itself whenever it gets injured. Just think of all the bruises, bumps, scrapes and cuts that each person’s skin has to deal with throughout a lifetime!

HOW WOUNDS HEAL

Wound healing is a complex process that begins as soon as the skin is injured. Here’s an overview of the process:

THE INFLAMMATORY PHASE: This occurs during the first two to five days after the injury.

The body tries to help itself by:

- Making the nearby blood vessels *smaller* to slow down the bleeding.
- Creating a clot to *stop* the bleeding.
- Sending white blood cells to the area to help kill any *bacteria* in the wound.
- **NOTE:** The early redness and swelling around a wound is a *healthy* sign that the body is doing its job. It doesn’t mean that the wound is infected.

THE PROLIFERATIVE PHASE: The phase includes the next two days to three weeks.

- Special cells called *fibroblasts* grow and begin to fill in the wound.
- New *blood vessels* develop in the injured area.
- The wound starts to *shrink* and is covered by a thin layer of new skin.

THE REMODELING PHASE: The final phase can last from three weeks to two years.

- The fibroblasts continue to fill in the wound with something called “collagen”—a fancy name for scar tissue.
- Even when a wound is fully healed, the scar tissue is only 80% as strong as the original skin.

TYPES OF WOUNDS

ACUTE WOUNDS: A wound is *acute* when it has happened recently and is still within the normal time frame for healing.

CHRONIC WOUNDS: A wound is *chronic* when it has failed to heal as it should or when it keeps reopening. Chronic wounds can last weeks, months or even years.

SIMPLE WOUNDS: A simple wound is a *minor* injury. It is small and shallow, with edges that are close together. With simple wounds, the bleeding is easily stopped and not much treatment is needed.

COMPLEX WOUNDS: A complex wound is a *major* injury. The edges of the wound gape open and may be rough or torn. There may be fat, muscle, or bone showing. Heavy bleeding may last longer than 15 minutes. Complex wounds need immediate medical attention!

SURGICAL WOUNDS: Most operations require surgeons to cut through the skin. These wounds may be closed with tape, stitches, staples or even a special glue! Surgical wounds often swell and look bruised for a few days, and they may drain small amounts of clear fluid.

TUMORS: With certain advanced cancers, wounds develop. These wounds may be large and they may drain a lot of fluid. Many of these wounds have an unpleasant smell.

VASCULAR WOUNDS: There are two types of vascular wounds. *Arterial ulcers* develop when the arteries are blocked and circulation to a certain part of the body is reduced. They usually occur on the arms and legs—especially the top of the foot. *Venous ulcers* develop when veins (especially leg veins) become too weak to push blood back to the heart. These ulcers are often found on the ankles.

PRESSURE ULCERS: These wounds are also called “bed sores”. They are common in the elderly and immobile. Pressure ulcers develop when cells are “sandwiched” between a bone inside the body and a hard surface such as a bed or chair. The cells closest to the bone die first—and then the wound starts to spread to the skin surface. So, the wound might be deep even *before* it breaks the skin’s surface.

BURNS: These wounds can be caused by hot liquids, electricity, house fires and even the sun. Superficial burns usually heal on their own. Deeper burns require medical attention and/or skin grafts.

SKIN TEARS: A skin tear is literally a rip in the skin. Elderly people are most likely to get skin tears because skin gets thinner with age. By age seventy, the skin is often as thin as paper and can be torn very easily during routine activities like simple transfers.



STAGES OF PRESSURE ULCERS

Early signs of a pressure sore may be pale skin or slightly reddened skin over a bony area.

The client may complain of pain, burning, or tingling.

Stage 1: The skin over a bony area is intact but pink or slightly reddened.

- In the dark skinned client, skin may appear ashen.
- The client may sense slight itching or mild tenderness.

Stage 2: The skin is red and swollen.

- There will either be a blister or an open area.

Stage 3: The area begins to look like a crater.

- The sore will extend deeper into the skin.

Stage 4: The sore extends deep into the fat, muscle, or bone.

- There may be a thick black scab, called *eschar*, which is actually dead skin.

HOW ARE WOUNDS TREATED?

FOR ALL WOUNDS, THE GOALS ARE TO:



1. Keep the wound **clean** and free of dead tissue.
2. Keep the wound **moist**.
3. **Protect** area from any further injury.
4. Provide the injured person with good **nutrition**, including extra protein, carbohydrates, water and vitamins.

Depending on the wound, the treatment might include:

DRESSINGS: Wounds are covered with dressings for a number of different reasons. For example, dressings can:

- Protect the wound from further damage or from dirt.
- Absorb drainage.
- Provide medication to the wound.
- Create an environment that encourages speedy healing.

There are many different kinds of dressings—and new ones are being invented all the time.

TOPICAL MEDICATIONS: There are a number of special ointments and creams used to help wounds heal. Some can be purchased at a drug store and some must be prescribed by a doctor. Many of them are used to prevent or fight off infection.

ULTRASOUND THERAPY: An ultrasound machine uses high frequency sound vibrations to stimulate wound healing. These vibrations tend to improve circulation by *heating* the tissue.

PRESSURE REDUCING DEVICES: It's important to relieve pressure from bony areas and from existing wounds. This can be done with special beds, mattresses, seat cushions, elbow and heel pads or specially designed shoes.

ANTIBIOTICS: Wounds that appear to be infected are often tested for infections by taking small samples of tissue or blood. If an infection is present, the doctor may order antibiotics—either in a pill, a liquid or through an I.V.

WHIRLPOOL THERAPY: Taking a whirlpool bath once or twice a day may help a wound heal by increasing circulation and softening loose dead tissue. Whirlpool therapy often decreases wound pain, too. Usually, *physical therapists* assist clients with whirlpool treatments.

More treatments on next page. →



TALK about it!

Open the Discussion

It's much easier, cheaper, and causes a lot less pain to *prevent* a wound than it does to treat it.

Did you know that YOU hold the power to prevent many of the wounds your clients might develop? It's true!

Talk to your supervisor, other nurses, or a special wound care nurse about your role in prevention. Here are a few questions to ask:

- What type of clients are most at risk of developing wounds or having serious complications from wounds?
- What special precautions can I take with my diabetic clients to prevent wounds?
- I have a client who is bedbound but refuses to allow the caregivers to reposition him. What would you do in this situation?
- My client is incontinent of urine and stool. I know this puts him at risk of developing a wound on his buttocks or perineal area. What is the best thing I can do to prevent this from happening?

HOW ARE WOUNDS TREATED? - CONTINUED

VACUUM ASSISTED CLOSURE (VAC): The Wound VAC is a device that actually pulls the air out of the wound. A tube attached to foam padding is placed inside the wound. An occlusive dressing is applied and the tube is attached to a vacuum. The suction causes the foam to collapse. This helps to remove excess fluids, increase blood flow, pulls healthy cells to the surface of the wound and promotes wound closure.

HYPERBARIC OXYGEN THERAPY: Some serious and/or chronic wounds benefit from high pressure oxygen therapy. Clients are put into a special chamber for 1 to 2 hours at a time. While in the chamber, they breathe 100% pure oxygen. This high level of oxygen stimulates wound healing by giving the cells extra oxygen.

GROWTH FACTORS: There are special components in blood that can be separated from the rest of the blood and applied *directly to the surface of a wound*. These special growth factors can speed up wound healing.

SURGICAL & CHEMICAL DEBRIDEMENT: Debridement is the process of removing dead tissue from the wound so that the healthy tissue underneath can grow. Wounds can be debrided by cutting away the dead tissue, by using special dressings that trap dead tissue or even by applying maggots to the wound.

GRAFTS: A deep or chronic wound may not heal unless it receives a skin graft. For this procedure, a piece of skin—taken from somewhere else on the person’s body—is attached to the open wound. Some skin grafts are even done with artificial skin that has been created in a laboratory. And, recently, scientists have begun to grow tissue for skin grafts from special cells taken from the foreskins of circumcised baby boys.

PHYSICAL ACTIVITY: When people exercise, it improves their circulation. This means that more blood—and more fresh oxygen—gets pumped throughout the body. Remember, wounds heal better when they have a good supply of oxygen.

NUTRITION: Minor wounds usually heal without any special diet. But, serious or chronic wounds heal better when the person eats extra protein (to help build new tissue), extra calories (for energy) and plenty of fresh foods and water.



CONNECT It now!

Apply what you know

Exercise and good nutrition should be part of the treatment plan for all clients with wounds.

Think about a client you care for now who has a wound the healthcare team is trying to heal.

What exercises can this client do to speed healing? *(If client is immobile, then passive range of motion may be the only option.)*

List 3-4 high protein, high energy foods your client can eat to help enhance healing. *(Remember to take any special diet orders into consideration.)*

WHAT WILL PREVENT A WOUND FROM HEALING?

AGE: Kids usually heal pretty quickly. But, as people get older, it takes longer and longer for a wound to heal.

BODY SIZE: People who are too *thin* may heal slowly because of poor nutrition. People who are too *heavy* may heal slowly because of poor circulation.

MEDICATIONS: Some medications—such as steroids or chemotherapy—affect the immune system and keep it from doing its part to heal a wound.

CHRONIC DISEASE: Many chronic diseases affect how well wounds can heal. For example, wounds take much longer to heal for people with diabetes—especially if their blood sugar level is out of control.

INFECTION: An infection in a wound will keep it from healing normally. But, remember, an infection anywhere in the body can also slow down healing! That's because the immune system has trouble fixing both the wound and the infection at the same time.

INCONTINENCE: If a wound is frequently contaminated by urine or stool, it can become infected or be slow to heal.

SENSORY DEFICITS: If people can't *feel* the part of their body where their wound is located, it might affect how well the wound heals. For example, if Mr. Smith can't feel his legs, he may not notice that he bumped his wound on his wheelchair and now it's bleeding again.

MENTAL STATUS: People who are confused may not understand that they need to leave the dressing on their wound or that they shouldn't touch the wound with dirty hands.

MOBILITY: People who have trouble getting around—either from age, disease or paralysis—may be slow to heal. Their bodies don't circulate their blood as quickly as they should.

NUTRITION: People who have poor nutrition may not get enough protein, energy and vitamins to help with wound healing.

STRESS: Emotional and physical stress make the immune system work harder. And, remember, wounds can't heal without the help of the immune system. So, when people are under a lot of stress, their wounds don't heal as quickly as they should.

FINANCIAL RESOURCES: Wounds are expensive! Some people don't have the money (or insurance coverage) to get the treatment they need for their wounds. In addition, some people may not be able to afford to buy the foods they need—especially extra protein.



THINK about it!

AGE RELATED CHANGES

There are normal changes that happen to the skin as we age. These changes put elderly people at an increased risk of developing wounds such as pressure sores and skin tears.

In addition, your elderly clients with wounds may be slower to heal and more prone to infection.

Some normal and unavoidable age related changes that take place include:

- Skin becomes thin and fragile.
- There is a loss of the subcutaneous layer of skin (the fatty cushion between the skin and the muscles).
- Oil and sweat secretion slows, leaving the skin dry and itchy.
- Nerve endings become less sensitive, making it difficult to sense heat, cold and pain.
- The immune system weakens, making it harder to fight off common infections.

"As you get older three things happen. The first is your memory goes, and I can't remember the other two..."

~ Sir Norman Wisdom

THE WOUND CARE TEAM

PHYSICIANS: A client's primary doctor is usually in charge of wound care. The doctor gives orders for the best wound treatment for that client and for how often the treatment should be done. The doctor also orders pain killers if the wound hurts and antibiotics if the wound becomes infected.

WOUND OSTOMY AND CONTINENCE NURSE (WOCN): A WOC nurse is an RN with specialized training in wound management. Wound care nurses work with the medical team to monitor and treat a variety of wounds. WOC Nurses care directly for the client in the hospital, the long term care facility and even in the home.

NURSES: Nurses are in charge of performing the dressing changes and monitoring the wound carefully for signs of infection. Nurses report their findings to the doctor and, sometimes, even take *photographs* of wounds to show doctors (and insurance companies) how the wound is healing.

PHYSICAL THERAPISTS: A therapist can teach a client exercises that will help increase circulation. This may speed up the healing process. Physical therapists are trained to perform wound debridement. They also provide ultrasound and whirlpool treatments to clients with wounds.

SOCIAL WORKERS: A social worker may get involved to assist clients with financial or emotional difficulties. For example, if Mr. Green can't afford his dressing supplies, the social worker will find a way for him to get the supplies he needs. Or, if Mrs. Johnson is having trouble facing the loss of her leg, the social worker will provide counseling and emotional support.

NURSING ASSISTANTS: Clients who have wounds often need extra help with their personal care. For example, a client who used to take showers may need help with bed baths until his wound heals. Nursing assistants help with wound care in *many* ways, including:

- Encouraging clients to eat balanced meals as ordered so that their wounds heal quickly.
- Helping clients get some exercise to improve circulation to the injured area.
- Keeping each client's skin clean, warm and dry. . . and reporting any redness, bruising or bleeding immediately.
- Helping clients avoid any further injury by protecting them from falls and by changing their position every few hours.
- Changing or padding a dry dressing—if allowed by state law.



Thinking outside the box!

Working with clients in the home often requires coming up with creative solutions to uncommon problems.

- **THE PROBLEM:** You are caring for a 75 year old woman with many health problems including diabetes. After a recent fall, she was put in a cast for a broken ankle. Upon removal of the cast, the doctor discovered that a sore had developed on top of her foot where the cast was rubbing.
- **WHAT YOU KNOW:** You know that diabetic foot wounds can be very slow to heal. You also know it can get worse and even lead to amputation. You want to help your client in every way you can to keep the healing moving forward. However, your client does *not* follow doctor's orders and continues to eat poorly, never exercises and smokes.
- **GET CREATIVE:** Think of **3 creative solutions** you might try to help your client heal the wound on her foot while maintaining her rights and dignity.
- **TALK ABOUT IT:** Share your ideas with your co-workers and supervisor and find out how they would solve the problem.

YOUR ROLE IN WOUND CARE

There are no federal regulations that tell us how involved nursing assistants can be with wound care. It's up to each state to decide what CNA's *can* and *can't* do for their clients' wounds.

In most states, it's either the *Board of Nursing* or the *Department of Health* that regulates the activities of nursing assistants. They set the rules regarding your role in wound care.

Across the country, many states have a common rule: that nursing assistants are allowed to *replace* or *reinforce* a dry non-sterile dressing. For example:

- In Rhode Island, regulations state that nursing assistants may “reinforce a simple non-sterile dressing” but that they can't do “sterile dressing applications”, “provide any treatment to non-intact skin” or “apply any topical drug which requires a prescription”.
- In California, “application of clean dry dressings and bandages” is allowed, but applying sterile dressings is not.

It's up to you and your supervisor to know exactly what the regulations are in your state. If you're not sure whether you should be taking care of a client's wound . . .

ASK YOUR SUPERVISOR!

In addition, when you work with a client who has one or more wounds, be sure you:

- Know the location of every wound so that you can be extra careful with that area of the body.
- Understand any changes in the client's nutrition orders. (*For example, is the client supposed to have frequent high protein snacks? Or, is the client supposed to drink four extra glasses of water a day?*)
- Wash your hands frequently—especially before and after touching the client near the injured area.
- Tell your supervisor if the client complains of pain in the wound.
- Report any changes in the client's skin right away—especially any new areas of redness, bruising or bleeding.
- Report any signs of infection immediately, including fever or skin that is red, swollen and warm to the touch.
- Keep an eye on the client's dressing. Let your supervisor know if the dressing:
 - Comes loose or is pulled off by the client.
 - Seems wet, smells bad or begins to leak fluid, pus or blood.
 - Gets soiled by urine or feces.

WHAT ARE THE SIGNS & SYMPTOMS OF INFECTION?

Report any of the following signs to the nurse right away!

An infection may be developing . . . but your quick action will lead to the treatment that saves your client's life!



- Redness
- Swelling
- Throbbing pain or tenderness
- Pus or watery drainage
- Skin around the area is warm to touch
- A red line is streaking away from the wound
- Foul odor
- Fever or chills
- Confusion or excessive tiredness
- Swollen bumps in armpit, neck or groin
- Low BP, or fast pulse

YOUR ROLE IN WOUND CARE - CONTINUED

You can help your clients' wounds heal more quickly by following these tips:

- When a client has a wound, be sure to check if there are any *activity limitations*. For example, if Mr. Smith has a wound on his foot, his doctor might order him to use crutches for a week. You can help make sure that he does! Or, if Mrs. Brown had surgery on her abdomen, she may be told not to walk up stairs or bend over. Check with your supervisor if you're not sure how much your client should be doing.
- You may be asked to cover a client's wound with plastic wrap or a plastic bag for bathing. Make sure the dressing is completely covered before the client begins bathing.
- Don't apply any lotions or ointments to a client's wound unless your supervisor has instructed you to do so—and you know it's allowed by your state laws. Remember, even an over-the-counter ointment like Neosporin is considered a medication and usually must be applied by a nurse.
- If your clients have leg wounds, encourage them to keep their legs elevated and to avoid crossing their legs. This will increase the amount of blood (and oxygen!) to the wounded area.
- Use bath time as an opportunity to check your client's skin. Look carefully for redness on bony areas (*like elbows, knees, ankles, the tailbone and shoulder blades*) and on moist areas (*like the groin, the armpits, under the breasts and between folds of skin*).
- Some wounds have an unpleasant odor. If the nurse tells you that the odor is normal, help the client deal with the smell with room freshener, fresh air or a small fan.
- You may be responsible for helping the nurse dispose of dirty dressings. Be sure to follow your workplace policy. (It may include bagging or double-bagging the dirty dressings before throwing them away.)
- If the doctor orders antibiotics for your client because of a wound infection, encourage the client to take the medication on schedule. Notify your supervisor if the client skips or stops taking the antibiotic.
- Help your clients get as much exercise as possible. Remember that exercise helps increase circulation of blood and oxygen and is important for healing wounds. If your client works with a physical therapist, ask the therapist to teach you the client's exercise plan.



THE NEXT STEP!

Apply what you've learned!

How will YOU Prevent Wounds?

In each of the following, give an example of the something you can do to prevent each type of wound:

1. Foot wound in diabetic client:

2. Bathwater Burns:

3. Pressure Sores:

4. Skin Tears:

- Possible Answers**
1. Encourage diabetic clients to wear shoes or slippers at all times. Check their feet regularly for red or broken skin.
 2. Test the temperature of bath water before letting your clients get in the tub.
 3. Help your clients change position frequently—usually every two to four hours.
 4. Take extra care during transfers and avoid rubbing too hard during personal care.

FAQ'S ABOUT WOUND CARE

So, when it comes to wounds, do you think the following five statements are **true** or **false**?

1. Wounds heal better when they are left open to the air.
2. Wounds heal better when they are allowed to dry and form a scab.
3. Sterile dressings are the best way to keep a wound from becoming infected.
4. Wounds heal at their own pace. There's no way to speed up the process.
5. All wounds heal the same no matter what caused the wound in the first place.

Did you answer "false" to all five questions? *If so, congratulations! You're right!* But, if you answered "true" to some or all of them, don't worry. Most Americans grow up believing some of these wound care "myths". Keep reading to get answers to all your questions about wound care.

- **Why is it better to keep a wound moist?**

As a kid, did your mother ever tell you that a cut heals faster if you keep it dry and "aired out"? Actually, the opposite is true. The clear drainage in a moist wound contains special cells, hormones and enzymes that help with healing. Also, when a wound is moist, the dressing doesn't stick. (Pulling a stuck dressing off a wound damages the delicate new tissue that's trying to grow.)

- **So, why is it better to keep wounds covered?**

A covered wound will stay moist, while a wound that is open to the air tends to dry out. Remember...the goal is to keep the wound clean and moist to allow for speedy healing.

- **Okay, then why isn't a sterile dressing the best way to prevent a wound from getting infected?**

"Sterile dressings" mean that the nurse must use sterile gloves and sterile technique when treating the wound. But, most of the time, this isn't necessary. Every wound is contaminated with bacteria, so every wound is "dirty" to some degree. Using clean gloves and clean dressing supplies usually keeps the bacteria in the wound from building up to a dangerous level. The best way to prevent infection is for people who work around wounds to wash their hands carefully and often.



5 KEY points

Key Points to Remember

1. Skin is an organ just like the heart and lungs. And, it is the largest organ of the human body.
2. It's much easier, cheaper, and causes a lot less pain to prevent a wound than it does to treat it. And, YOU hold the power to prevent many of the wounds your clients could possibly develop.
3. In addition to all the high-tech treatment options available to clients with wounds, nutrition and exercise remain one of the most important tools used for healing wounds.
4. Many states have a common rule that nursing assistants are allowed to *replace* or *reinforce* a dry non-sterile dressing. But, it's up to you and your supervisor to determine what is legal in your state.
5. Take advantage of bath time, massages, and dressing to inspect your clients' skin for changes. Report anything unusual or abnormal to the nurse right away so treatment can be started, if needed.

MORE FAQ'S ABOUT WOUND CARE

Q: When is a wound an emergency? How can you help?

You should report any time a client gets a new wound—even if it's minor. However, some wounds need prompt medical attention. Call your supervisor immediately if the wound:

- Is large, gaping open or bleeding heavily.
- Was caused by an animal bite.
- Has glass or other foreign objects in it.
- Causes the client to pass out.

You may also need to call 911—follow your workplace policy about what to do in an emergency.

Q: Why is it important to know what caused a wound? Don't all wounds heal the same way?

The three-step healing process is basically the same for every wound, although some wounds take longer to complete each of the steps. But, not every wound can heal itself without medical treatment. Doctors need to know the cause of a wound so that they can provide the best treatment. For example, Mr. Wilson has a wound on his leg. How did it get there? Did a dog bite him? If so, Mr. Wilson might need rabies shots and antibiotics. Did Mr. Wilson fall down? If so, maybe he needs to start using a walker so it doesn't happen again. So you can see why it's important to understand the cause of every wound!

Q: What's the difference between a scar and a keloid?

When a wound heals, the new skin is often smoother, paler and weaker than the original skin. This shows up as a "scar". A "keloid" is an enlarged scar. Instead of staying flat like a scar, a keloid becomes a smooth, hard growth that sticks up from the surface of the skin. Doctors don't know why keloids develop or why some people get them and others don't.

Q: What does it mean to "reinforce" a dressing?

"Reinforcing" a dressing means to "build it up" or to "add" to it. Your state laws may allow you to reinforce a dressing that was put on earlier by the nurse or doctor. Dressings are reinforced when drainage is leaking from the dressing onto the clothing or the bed linens. Or, a dressing may be reinforced if it becomes loose. You may be instructed to add gauze and/or bandaging tape to the existing dressing. Follow the instructions on your care plan and be sure to use standard infection control precautions. If you have any questions—or if you think the dressing needs more attention—contact your supervisor.



WHAT I KNOW NOW!

Now that you've read this inservice on how wounds heal, take a moment to jot down a couple of things you learned that you didn't know before.
