The purpose of this Caregiver Handout is to further explain or remind you about a medical condition. This handout is a general guide only. It may be reproduced for distribution. ©2015 MERION MATTERS

Wound Care Complications

THE FACT that every wound is different makes the specialties of ostomy and wound care an irresistible mystery to some nurses. To others, individuality of each wound creates stress. Furthermore, the implementation of evidence-based wound management is gradual and there’s little standardization of professional practice in this area. Despite the problem of lack of focus on wound management, an aging baby boomer population and longer lifespans mean nurses will be seeing a record number of postoperative and chronic wounds.

Wound Healing & the Elderly
There are many factors influencing wound healing, including location on the body, size, etiology and other co-morbidities. Older adults are prone to having developed multiple conditions over the course of a lifetime, each impacting the wound in unique ways.

Diabetes mellitus, peripheral arterial disease and chronic venous insufficiency are among the biggest offenders for causing wounds. However, in 59% of cases, a single disease caused the wound, but in more than one-third of cases, the wound was caused by two underlying conditions and in 5% of cases, the wound had three underlying causes, according to a 2010 study by Catherine Cheung, MD, FRCPC.

Many of these wounds never completely heal in the elderly and nurses instead monitor for infection. A non-healing wound is defined as one that does not improve after four weeks or heal after eight weeks. People over age 70 have a 25% lower rate of wound closure when compared to younger patients. Non-healing wounds account for 3-6 million people in the U.S., with the vast majority age 65 or older.

Signs of infection for non-healing wounds include increasing pain; redness and warmth in the area of skin surrounding the wound; oozing of pus or other fluid from the wound and an odor coming from the wound.

As wound and health histories are increasingly inter-related, nurses will need to consider medication regimens as a major factor in wound management. It’s essential to garner a full medication history in all patients who present with wounds.

Many patients with wounds are taking antibiotics, which are commonly agents of adverse drug effects. Amoxicillin, insulins, opioid-containing analgesics, anticoagulants and antihistamines are most commonly cited for adverse drug events but, in older adults, the list usually includes warfarin, insulin or digoxin.

Finding out if a patient is taking warfarin can be a lifesaving conversation. Increased bleeding can result when warfarin is combined with antibiotic agents prescribed for wounds. Recommendations are to decrease the dosing of warfarin by 50% during antibiotic administration and for one week afterward, as well as to increase monitoring of INR to several times a week, 11 especially for trimethoprim/sulfamethoxazole, according to Cheung’s study.

Pain is another major complication, especially with chronic leg wounds. Non-pharmacological measures are recommended as a first step for pain relief, including timeouts during painful procedures or allowing the patient to change his own dressings as well as topical and systemic therapies. Pain relieving dressing has also been shown to decrease pain without compromising healing. If medication is used, the World Health Organization’s pain relief ladder is effective.

Lifestyle Focus
Just getting an accurate medication history and addressing pain aren’t enough to accurately assess a wound. Today’s nurses, especially those working in home care, must pay special attention to the patient’s living conditions.

Nutrition is a major factor in wound healing. Albumin and prealbumin levels, total lymphocyte count and transferrin levels are markers for malnutrition and must be assessed and monitored regularly, as protein is needed for cell growth.

In wound clinics, outpatient offices and home care, nurses are becoming increasingly responsible for making care recommendations realistic for a patient’s budget and family support system. With Medicaid rules changing frequently, many patients will ask the nurse what’s covered. Nurses can also provide resources about support groups that may provide free supplies.

Other times, home-bound patients don’t have a way to get to the doctor’s office for debriding. Doctors may make a house call to perform the debriding, if insurance allows. Many hospitals also have free ride programs. In the interim, though, nurses usually reapply a debriding agent.

Robin Hocevar is on staff at ADVANCE. Contact: rhocevar@advanceweb.com.