Appropriate Dressings for the Nonprofessional Caregiver

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The role of wound care professionals is changing worldwide. This is especially true when delivering care in community and long-term care settings, where much of wound care now is provided. At one time, the wound care professional's responsibilities involved monitoring wound healing, selecting the dressing based on the current condition of the wound, and changing the dressing. Today, the professional's role includes a focus on educating the persons who must perform the dressing changes regarding when and how to change dressings and how to identify signs of complications such as infection, dehydration, or maceration so a professional can be contacted for additional advice when necessary. Persons changing the dressings represent a broad range of skills, from clinically trained bedside staff to nonprofessional caregivers and the patient themselves. Professionals monitor the wound healing progress less frequently — timing is determined by the current wound management program, the care setting, and the training and skills of the people changing the dressings.

In this healthcare environment, practitioners must be even more selective about the dressings they choose. Dressings should be functional over a wide range of wound conditions and levels of caregivers so the prescribing wound care professional is confident about both dressing appropriateness and provision of timely/correct wound management practices. Dressings must demonstrate the ability to help heal wounds while reducing the likelihood of complications secondary to their use. Ideally, dressings that meet these general criteria should be available in both regular and antimicrobial (eg, silver) versions.

Professional oversight of dressing-related tasks that more often than not are delegated to nonprofessional caregivers requires clinician knowledge of and faith in the products provided. ■

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Commentary from Ferris Mfg. Corp.

Various PolyMem® QuadraFoam® dressing configurations are available for use on a variety of wounds from unbroken skin to full-thickness wounds and can manage exudate levels ranging from dry to heavily exudating. This formulation is available in primary or secondary dressing configurations and with or without silver. The QuadraFoam dressing change procedure is easy for professionals to teach because usually it is unnecessary to manually cleanse the wound bed during dressing changes and the "indicator dressing" feature makes it easy to monitor when the dressing should be changed.

In a representative case study,[1] a bedridden 80-year-old man with Alzheimer's Disease developed a Stage IV heel pressure ulcer while hospitalized. Four months of povidone iodine application failed to create dry stable eschar. After the wound was surgically debrided, PolyMem was initiated. The patient's 78-year-old wife was taught to perform the PolyMem dressing changes. She initially changed the dressings daily; the frequency gradually decreased to weekly as the wound became cleaner and produced less exudate. The home health nurse visited weekly to monitor progress.

October 18: After surgical sharp debridement, PolyMem was initiated.

June 27: The Stage IV wound fully closed in 8.5 months.

References

1. Agathangelou C. Closing Stalled Heel Pressure Ulcers: Two Problem Patients, One Easy Solution. Poster Presentation at the National Pressure Ulcer Advisory Panel, Arlington, VA. February 2009.

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