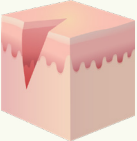

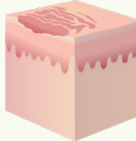
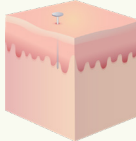
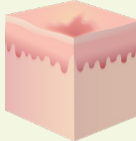
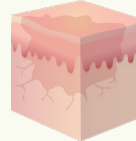
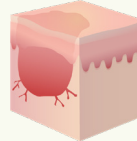


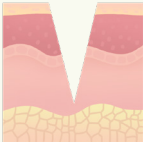
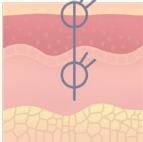
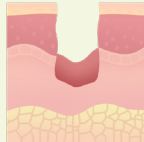
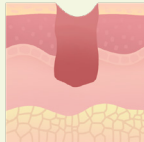
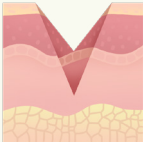
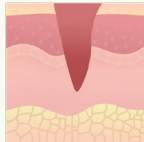

WOUND TYPES



Classifying Wounds

Open wounds: involve a break in the skin, internal tissue exposed				Pressure wounds may be open or closed depending on their stage.	Closed wounds: skin remains intact, internal tissue not exposed	
						
Incision	Laceration	Abrasion	Puncture	Pressure	Contusion	Hematoma

Types of Wound Closures

Primary intention	Secondary intention	Tertiary intention
Wound edges are approximated, either on their own or by intervention. Fastest type of wound closure, low risk of infection/scarring.	Wound edges cannot be approximated due to significant tissue loss. Granulation tissue and wound contraction occur to close the defect. Higher risk of infection/scarring.	Wound is left open and later closed due to risk of infection or risk for poor healing. Wound is cleansed, monitored, and surgically closed when appropriate.
<i>E.g.: surgical incisions, paper cuts</i>	<i>E.g.: lacerations, burns, ulcers</i>	<i>E.g.: animal bite, avulsion</i>
		
		
		
Clean incision	Early suture	Gaping irregular wound
		Granulation
		Wound
		Increased granulation
		Late suturing with wide scar

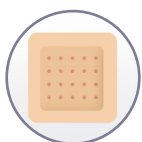
Nursing Care Priorities

- Assess and document wound.
- Monitor for signs of healing and infection.
- Treat for pain prophylactically prior to procedures.
- Perform wound cleaning/irrigation as ordered.
- Obtain wound culture if ordered.
- Select appropriate dressing.
- Perform dressing changes.
- Educate client on wound care.

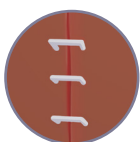
Risk Factors for Delayed Healing

- Medications:
 - ✓ Corticosteroids
 - ✓ Anticoagulants
 - ✓ Immunosuppressants
 - ✓ Chemotherapy
 - ✓ NSAIDs
- Infections
- Poor tissue perfusion
- Diabetes
- Malnutrition
- Obesity
- Genetic conditions

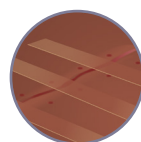
Client Education



Instruct client how to clean wound and perform dressing changes.



Provide anticipatory guidance. Inform client that soreness, tingling, and/or itching can be normal during healing.



Inform client when stitches, staples, or steri-strips should be removed. Schedule follow-up.



Educate client on signs of infection and when to call provider.

NOTES

