

Preface

Wound Care



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Guest Editor

Wounds and wound care continue to challenge patients, families, professionals, and health care systems. Although prevention is often the goal, all wounds cannot be prevented; and unfortunately, all wounds will not heal. Basic and clinical scientists continue to learn more about the wound process and healing. Microorganisms, including aerobic and anaerobic bacteria, growth factors, the inflammatory response, and proteolytic factors may shift wounds to a nonhealing state. The presence of a wound frequently raises questions about infection and when and how to treat the infection. This issue of *Nursing Clinics of North America* presents an update on the wound process, healing, and intervening factors; discussion includes the impact of microorganisms on chronic pressure ulcers and leg ulcers and when the need arises for antibiotic therapy.

The number of older adults is increasing. Older adults have multiple health care problems, consume multiple medications, and have physiologic changes in wound healing. Older adults may lack transportation for frequent wound care visits and a supportive person in the home to assist with wound care. The majority of older adults will be hospitalized at some point in later life, resulting in a crisis event [1]. Hospitalization increases the person's chance of developing a chronic wound, such as a pressure ulcer. In addition, older adults are undergoing operative procedures. End of life provides additional concerns about balancing patient comfort and wound care goals. This issue shares ideas about wound care for the older adult and at end of life.

Pressure ulcers and lower extremity ulcers are common chronic wounds. Both categories are significant threats to a person's health and well being.

This issue presents updates on pressure ulcers and lower extremity ulcers. Persons at risk or who have pressure or chronic lower extremity ulcers need reinforcement of teaching, strategies for prevention, and assistance with wound care.

Nurses are challenged to realize wound care issues in persons who formerly were not frequently discussed. Bariatrics, or health care for the obese, has evolved from unhealthy lifestyles in the United States, where body weight has increased. Obesity increases concern about the development and treatment of wounds. Furthermore, obese individuals may need specialized equipment (eg, beds, chairs, walkers, and lift devices) to match their body weight and multiple caregivers to provide the care. Large urban centers have an increased frequency of substance abuse (eg, alcohol, cigarettes, and illicit drugs). Injection drug use may result in the development of acute and chronic wounds. The person who uses illicit drugs can have multiple health problems that may have an impact on wound healing. This issue summarizes care for the obese individual and the person who has a history of injection drug use.

The nursing shortage and the numbers of persons who lack or have insufficient health insurance affect wound care. The nursing shortage is occurring at a time when nurses are expected to make more clinical judgments about patient care and to attain high patient care quality. Nurses in all environments of care are critical for wound care. Research has shown the benefit of registered nurses in decreasing the length of hospitalization and positively affecting quality of care [2]. In addition to changing a dressing, nurses are needed to assess wounds, determine and evaluate the plan of care, and provide patient and family teaching. Nurses must have knowledge of health insurance in terms of wound care coverage. Persons who lack or have insufficient health insurance usually do not have primary care and have greater unmet health needs, an increased risk of decline in overall health, and higher rates of hospitalization. States struggle with the numbers of persons to place in Medicaid-type programs, the services that are allowed on these plans, and how to balance their budgets. Cuts in programs affect wound care services in all settings.

Quality wound care requires matching the appropriate dressing to the wound. New products cycle onto the market, and former products remain or are removed. Staying familiar with wound care products can be challenging. Wound care decisions should not be random but based on evidence of attributes of the dressing. Wounds that are necrotic generally need debridement. Debridement decreases the bacteria in the wound and facilitates healing. To relieve pressure on a wound, bed support surfaces may need to be considered. The patient must always remain active in wound care decisions. The ideal product is not ideal if the family cannot afford it or is uncomfortable in handling it. Waste must be decreased. Patient safety is a cornerstone in care planning. This issue presents updates about wound care products, bed support surfaces, and debridement.

No matter what the wound type or treatment, the patient and family are central to all care decisions. Wounds are associated with pain, changes in life style, odor, embarrassment, altered body image, and decreased employment and social activities. Literacy level of the patient will determine how information is taught. Reading ability is on average three to five grade levels below the number of grades of school completed [3]. The reading level of patient teaching materials and the best way to do patient teaching must be considered. Information and decisions about wound care must flow among the patient, family, nurses, and other care providers. Cooperation among clinicians is critical. Health promotion must be stressed. Resources must be used efficiently. Nurses need to focus on the entire episode of care and anticipate predictable patterns in the course of wound care.

In summary, this wound care issue provides information about wound physiology and microbiology, types of wounds, conditions associated with wounds, and wound care treatment. Knowledge about wounds and their treatment will continue to evolve. Although the challenge to provide quality evidenced-based care is ever present, nurses in cooperation with other health care professionals positively affect wound care for persons with multiple physical and psychosocial health problems.

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