



McLaren Oakland Skin, Wound, and Ostomy Care Easy Reference Guide

QUESTIONS?

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OAKLAND





PRESSURE INJURY PREVENTION

Alleviate Pressure

- Turn every 1-2hrs & as needed
- Prevent direct contact of bony prominences (pillows: between knees/ankles, to support side-lying, to float heels)
- Every shift, remove devices (stockings, support hose, boots, BP cuff) & perform head to toe skin inspection

Reduce Friction and Shear

- Maintain head of bed at 30 degrees or less unless contraindicated
- Use lift technique vs slide
- Instruct patients to use hands & feet vs elbows and heels to reposition
- Avoid skin to skin contact, pad bony prominences

Manage Moisture

**Avoid use of briefs or blue plastic pads

- Replace fitted sheet with flat sheet
- Minimize layers of linen beneath patient; remember the Rule of 3!
- Use Interdry sheets in skin folds
- Protect skin from urinary/fecal incontinence with PureWick, barrier cream





SKIN CARE

Adhesive Remover Wipes

- Makes removal of adhesive dressings, tape, ostomy flanges more comfortable
- Reduces trauma to skin, prevents skin tears

Skin Prep Wipes

- Helps tape, adhesive dressings adhere
- Provides protective barrier on skin from bodily fluids, reduces friction

Moisture Barrier Cream

- Shield skin from moisture, other irritants
- Reduce skin damage, irritation from incontinence





WOUND CLEANSING TIPS

Vashe

- Preferred solution for cleansing wounds
- Safe to use anywhere on the body
- Apply to gauze and wipe to remove debris, foreign material

Normal Saline

- Will not harm tissues
- Unit dose is cost effective for small wounds vs opening large bottle

General Skin Care

- Soap and water alone less effective in preventing skin breakdown compared to no-rinse incontinence cleansers or perineal rinse
- Avoid moisturizers on already macerated or excessively moist skin





TRIAD PASTE

- Zinc-oxide hydrophyllic paste for light-moderate wound exudate
- Helps maintain optimal wound healing environment to facilitate autolytic debridement

Indications

- Adheres to broken skin in presence of incontinence
- Maceration of periwound skin
- Debridement of slough, soft eschar

Application

- Directly onto skin or in a wound
- Can apply to gauze to fill space in wound, will require secondary dressing





INTERDRY SHEETS

- Moisture-wicking fabric with antimicrobial silver. Wicks away moisture, reduces friction, fights bacteria and fungus

Indications

- Skin to skin contact areas where intertrigo is present or anticipated (common areas: breasts, groin, panniculum/pannus, axilla, chin)

Application

- Wash and dry skin
- Cut enough fabric to cover the affected area, allowing a minimum of 2" to extend beyond the skin fold for moisture evaporation
- Place a single layer in skin fold, keeping it flat with 2" exposed
- Secure in place in skin fold, clothing, of minimal tape





OPTIFOAM/OPTIFOAM AG DRESSINGS

- Effectively absorb drainage and moisten wounds, is bacteriostatic. *AG is antimicrobial

Indications

- Management of stage I, II, III, IV pressure injuries, acute wounds, leg ulcers, donor and graft sites, first & second degree burns, surgical wounds
- Prevention of pressure wounds to bony areas of high-risk patients
- Can be primary dressing or secondary dressing for wounds with packing

Application

- Cleanse wound and apply skin prep to periwound
- Apply dressing with edge of dressing overlapping wound at least 1"

Removal/Changing

- Ok to keep in place when showering
- May remain in place up to 7 days
- Change when soiled or as ordered





COLLAGENASE SANTYL

- Enzymatic debriding ointment containing collagenase and possesses the ability to digest collagen in necrotic tissue

Indications

- Debridement of slough and eschar

Application

- Cleanse wound bed, skin prep to periwound
- Apply thin layer collagenase Santyl directly to wound bed or to gauze dressing and cover with appropriate secondary dressing
- Discontinue usage when necrotic tissue is debrided and granulation established
- Do not use with silver (AG) products
- If in contact with periwound tissues, may cause erythema





MEDIHONEY GEL

- Active *Leptospermum Honey* combined with gelling agents designed to aid in autolytic debridement and maintain moist wound healing environment

Indications

- Pressure injuries stage II, III, IV, partial thickness burns, venous/arterial/mixed etiology stasis wounds, DM foot wounds
- Stable eschar/slough

Application

- After wound cleansing, apply skin prep and barrier cream (if needed) to periwound
- Apply thin layer Medihoney directly to wound bed
- Cover with secondary dressing
- Depending on amount of exudate, can be left in place up to 7 days





AQUACEL/AQUACEL AG

- Is a soft, sterile, nonwoven pad or ribbon called hydrofiber. AG has ionic silver making it antimicrobial

Indications

- Used in managing moderately-heavily exudating wounds, pressure injuries, stasis ulcers, abrasions, lacerations, incisions, burns

Application

- Cleanse wound as ordered, skin prep to periwound
- Apply Aquacel to wound bed, cover with secondary dressing
- May moisten slightly with NS if not heavily draining wound
- Change when saturated or as ordered
- May remain in place up to 7 days





BASIC OSTOMY APPLIANCE CHANGE

1. Gather all necessary supplies
2. Remove appliance with adhesive remover;
dispose in plastic bag
3. Cleanse tissues with water and gauze
4. Measure stoma and roll/cut flange to size
5. Apply skin prep
6. Remove flange backing and secure in place to
dry, flat skin
7. Secure pouch to flange; make sure tail end is
rolled and locked or clip is secure
8. Have patient hold hand in place for 10-20min as
warmth will improve adherence





OSTOMY CARE TIPS

- First 6wks after surgery change appliance every 3-4 days, then can remain in place up to 7 days
- Avoid eating 1-2hrs prior to changing
- Empty pouch when 1/3 full; if overfull can lead to leakage
- Shadowing under flange indicates leakage starting and requires changing
- Do not tape flanges that begin leaking; will lead to peristomal skin breakdown & thus additional leakage
- After emptying pouch, use gauze or toilet paper to wipe any debris from tail-end to prevent odor issues
- Do not rinse pouch with water as this can lead to leakage
- Do not use baby wipes to clean peristomal tissues; can leave residue & thus lead to leakage
- Ok to shower with appliance on or off
- Ileostomies and urostomies need extended wear flanges
- Colostomies can use regular or extended wear flanges



OSTOMY ACCESSORIES

Stoma Powder

- Absorbs moisture from open peristomal tissues
- After cleansing tissues, apply stoma powder to open areas, brush away excess with dry gauze/ tissue
- Seal into place with skin prep using blotting technique (if you wipe on skin prep, will remove the powder)
- Powder must be sealed with skin prep or new flange will not adhere

Eakin or Adapt Rings, Stoma Paste

- Extend wear time by filling in creases/folds around stoma, can extend wear time by preventing leakage
- Can be molded or torn into smaller pieces to fill in creases
- Skin must be dry to adhere
- Skin prep applied prior helps it adhere





OSTOMY ACCESSORIES

Ostomy Belt

- Helps flange stay in place and provides sense of security during regular wear, activities
- Pulls appliance snug to body leading to longer wear time and helping hold weight of effluent as bag fills
- Is adjustable, can be washed and line dried
- Need appliance with belt tabs at 3:00 and 9:00

Barrier Strips

- Secures edges of flange and enhances durability
- Helps flatten flange as it adheres to skin, is able to stretch and bend with body
- Place strips around barrier with at least 1/2" overlapping edge
- Various shapes (curved, straight, Y shaped, extra wide) to accommodate different bodies contours

