

**Differentiating Wounds:
Sick Bay Training**
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Objectives

- ▶ Classify pressure injuries by stage
- ▶ Differentiate two wounds of non-pressure etiology
- ▶ Differentiate venous from arterial ulcers
- ▶ Identify moisture associated skin damage

Types of Wounds

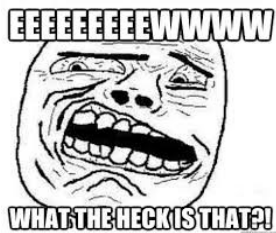
- ▶ Pressure related
- ▶ Arterial
- ▶ Venous
- ▶ Neuropathic
- ▶ Incontinence Associated Dermatitis
- ▶ Yeast

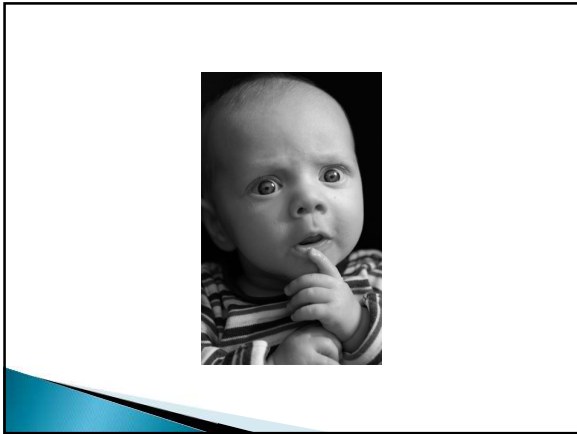


What is Incontinence Associated Dermatitis?

- ▶ Incontinence Associated Dermatitis (IAD) is "skin inflammation manifested as redness with or without blistering, erosion, or the loss of skin barrier function that occurs as a consequence of chronic or repeated exposure of the skin to urine or fecal matter".


(Grey 2007)





- ▶ 22 y/o female
- ▶ Laceration right peri-orbital
- ▶ Sutured and steri-stripped
- ▶ Post steri strip removal





"Hey, Audrey! Give me a hand with this darned tape, would ya?"


- ▶ 52 y/o male
- ▶ Police officer
- ▶ H/O DM, HTN, MI, stents, obesity, smoker
- ▶ Noticed small sore one week ago, getting bigger
- ▶ Large amount serous drainage



- ▶ 52 female
- ▶ Subdural hematoma
- ▶ s/p burr hole p.o day 3
- ▶ Diprovan drip for restlessness

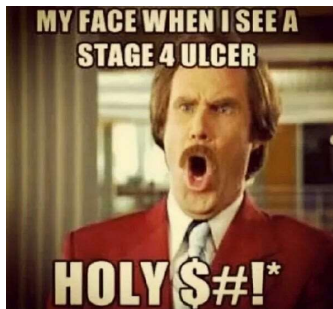


- ▶ 82 y/o male
- ▶ Acute CVA
- ▶ Admit assessment
- ▶ IN E.D. 12 hours
- ▶ Ambulatory prior to incident
- ▶ H/O HTN, prostate CA, HOH



- ▶ 63 y/o female
- ▶ Admitted from home with altered mental status
- ▶ H/O CVA, MI, HTN, DM, ESRD/HD, dementia
- ▶ G-tube
- ▶ BS 121, P 4.8, Alb <2





- ▶ 54 y/o male
- ▶ Admitted from home with SBO
- ▶ PMH anoxic encephalopathy s/f seizure 6 months ago
- ▶ PMH ETOH, HTN




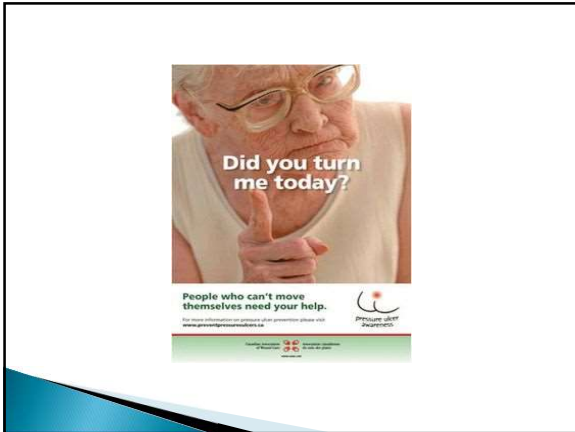


- ▶ 72 y/o Female
- ▶ Fx right hip
- ▶ S/P right hemiarthroplasty
- ▶ P/O day 2
- ▶ C/O tenderness right heel
- ▶ Non-blanchable redness
- ▶ No open skin
- ▶ Protein 7.6
- ▶ Albumin 3.2



- ▶ 62 Y/O female
- ▶ Admitted from home for first time seizure
- ▶ H/O metastatic breast CA (Was in hospice at home)
- ▶ Unresponsive for 3 days.
- ▶ No food or drink for 4 days






- ▶ 73 male
- ▶ H/O HTN, BPH
- ▶ Admit dx, Abdominal pain
- ▶ S/P Right hemicolectomy, ruptured diverticulitis
- ▶ In O.R. 4 hours



- ▶ 74 y/o female
- ▶ S/P fall with fx femur
- ▶ W/C bound
- ▶ Dementia
- ▶ No surgical intervention planned
- ▶ Verbal, responsive, talkative
- ▶ Several small DTI on buttocks




- ▶ 34 y/o female
- ▶ 2 days p/o gastric bypass surgery
- ▶ Abdominal pannus rash with "stinging" and odor
- ▶ Ambulatory, scheduled for d/c home




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- ▶ 71 y/o female
- ▶ Ulcer formation over past 3 months
- ▶ Painful
- ▶ Claudication "for years"
- ▶ Smoker
- ▶ PMH - uterine ca, thyroid disease



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- ▶ 49 y/o male
- ▶ Postal worker
- ▶ H/O HTN, DM
- ▶ Left foot ulcer x 7 months
- ▶ Regularly seen for wound care in local WCC
- ▶ Admitted with tri-malleolar fx right ankle
- ▶ A1C 6



- ▶ 52 y/o male admitted with acute abdominal pain
- ▶ Brown spots right great toe for "about a year" No pain, no drainage.
- ▶ No significant pmh




- ▶ 82 y/o male
- ▶ Dementia, admitted with AMS
- ▶ Foley, G-tube
- ▶ H/O CVA, HTN, CAD,
- ▶ Incontinent b/b
- ▶ Gluc 105, Protein 6, Albumin 3






- ▶ 60 y/o female smoker
- ▶ Full time RN
- ▶ Wound medial malleolus
- ▶ Copious serous drainage, no odor.
- ▶ Wound for one week -



- ▶ 84 y/o male
- ▶ H/O CVA x 3
- ▶ Admitted from SNF with UTI
- ▶ 102.6 temp
- ▶ Normally up in chair daily
- ▶ Sacral wound 3 x 1 cm with undermining from 11:00 -3:00
- ▶ Serous drainage, no odor



- ▶ 42 y/o female
- ▶ MS - ambulatory but ataxic - falling
- ▶ Admit dx pneumonia - sepsis
- ▶ Extubated this am after 3 days




- ▶ 71 female
- ▶ H/O CAD, HTN, MI Arthritis
- ▶ Quit smoking 3 weeks ago after 52 years
- ▶ Wound medial head of first metatarsal
- ▶ No drainage
- ▶ Painful




- ▶ 79 y/o male
- ▶ Admit RLL pneumonia
- ▶ ETOH abuse - 2 days post admission acute DT's




- ▶ 53 y/o male
- ▶ Office worker
- ▶ H/O DM, HTN, smokes 1pp/d
- ▶ Wound debrided of brown soft slough, now clean with no signs of infection
- ▶ Gluc 262
- ▶ A1C 12




- ▶ 79 y/o female
- ▶ Admit dx
Pneumonia
- ▶ Incontinent b/b
- ▶ Day 5 develops
diarrhea
- ▶ Day 7 + c-diff




- ▶ 74 y/o
- ▶ Admitted yesterday
with acute CVA
- ▶ H/O HTN, DM,
Arthritis, Breast CA
- ▶ Awake and alert,
aphasic
- ▶ Left sided
hemiparesis
- ▶ Foley




- ▶ 71 y/o male -
working CPA
- ▶ Admitted yesterday
with acute MI On
hypothermia
protocol
- ▶ H/O HTN, Prostate
CA



- ▶ 83 y/o female
- ▶ H/O dementia, CVA, DM
- ▶ Admitted with abdominal pain. One week p/o open cholecystectomy
- ▶ Right buttock wound started as red area then blistered, black, now debrided
- ▶ Scant serous drainage




- ▶ 67 y/o female
- ▶ 2 day p/o right total knee
- ▶ No significant PMH





- ▶ 76 y/o male
- ▶ Pancreatic ca
- ▶ Admitted with acute respiratory failure.
- ▶ Intubated x 24 hours now on Bipap
- ▶ Awake, alert






- ▶ 53 y/o female
- ▶ Presents to WCC with itching rash
- ▶ H/O HTN, DM
- ▶ Accucheck 256
- ▶ Rash x 3 days getting worse
- ▶ Can't wear bra - hurts"







- ▶ 56 y/o male
- ▶ S/P open appendectomy
- ▶ Left groin rash with itching and odor
- ▶ Febrile 101.6



- ▶ 67 y/o female admitted with left breast wound
- ▶ Open breast wound x 8 months now with foul odor, slough covered
- ▶ H/O HTN, DM, arthritis



- ▶ 83 y/o female
- ▶ Sacral wound.
- ▶ Purulent drainage
- ▶ Foul odor
- ▶ 102 temp
- ▶ Gluc 92, Protein 5
- ▶ Albumin 2.2
- ▶ H/O CVA, HTN, Dementia
- ▶ Awake and alert



- ▶ Same patient
- ▶ Right hip wound.
- ▶ Purulent drainage
- ▶ Induration to the sacral wound
- ▶ Crepitus between the two wounds

