

UW HEALTH BURN CENTER

Pediatric Perioperative Surgical Care ECHO 2018-2020
Wound Care: The Basics and Beyond
11/21/2019
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Provided by the University of Wisconsin–Madison Interprofessional Continuing Education Partnership (ICEP)

Intended Audience:

Primary care physicians

Objectives:

As a result of this educational regularly scheduled series, learners will be able to:

1. Assess and correct physiological and psychological problems that may increase surgical risk for regional pediatric patients.
2. Give the patient and significant others complete learning and teaching guidelines regarding the surgery.
3. Instruct and demonstrate exercises that will benefit the pediatric patient postoperatively.
4. Plan for discharge and any projected changes in lifestyle due to the surgery.

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Wound Care: The Basics and Beyond

Cindy Schmitz ANP
Burn Service Nurse Practitioner



Components of Good Wound Healing

Pain Control

Wound Cares

Edema Control

Good nutrition/protein intake

Treat pain to adequately clean wounds and do life activities

- **Background Pain**
 - Dressing choice
 - Edema control
 - OTC pain meds
 - Acetaminophen
 - Ibuprofen
 - Long acting pain meds
 - Gabapentin
- **Procedural Pain**
 - Premed 1 hour before wound cares
 - OTC pain meds
 - Acetaminophen
 - Ibuprofen
 - Narcotic pain meds if needed

Wound Cares

Washing the wound

- All wounds need to be washed regularly
- Wash with soap and water
 - “Rinsing” with saline or wound cleansers doesn’t cut it
 - Actually rub on the wound with a soapy wash cloth or gauze
 - Remove necrotic tissue, slough, drainage, loose skin
 - Decreases bacterial load
 - If it hurts too much to wash...
 - Better pain medications
 - Anxiety treatment
 - Reconsider outpatient wound management
 - Shower or take a bath and wash the wound with soap and a wash cloth in the tub

Debriding Wounds



Wound Cares

Topical and Dressing Options

Basic wound cares:

- Superficial wound-
 - Topical antimicrobial and a non stick dressing
 - Bacitracin, neosporin, mupirocin
- Deep full thickness or infected appearing wound with necrotic tissue on wound base
 - Silvadene and gauze

“Designer” wound dressing:

- Silver impregnated foam dressing
- Many, Many more

Bacitracin & Non-adherent Gauze Dressings

- Partial thickness wounds
- Wound is clean, moist and without eschar
- Change dressing
 - BID older kids or adults
 - Daily younger children



Scald burn



Road rash



Road rash



Partial Thickness Burns or Wounds

BID Bacitracin Wound Care

1. Give prn pain medications 1 hour before dressing changes
2. Wash wound daily with soap and water- make sure to remove all loose skin and drainage
3. Apply Bacitracin to all open areas
4. Apply non-adherent gauze to all open areas except face
5. Secure non-adherent gauze with roll gauze
6. Apply compression layer – Edema glove, ace wrap, Dermafit, compression stocking
7. Repeat steps 3-6 in the evening



Full Thickness Burns

BID Silvadene Dressing change

1. give prn pain medications 1 hour before dressing changes
2. wash burn daily with soap and water -
make sure to remove all loose skin and drainage
3. apply Silvadene BID to all open areas with eschar
4. apply gauze over the Silvadene
5. Apply compression layer – Edema glove, ace wrap, Dermafit, compression stocking
6. repeat steps 3-5 in the evening



Pediatric Burns

- Admission for initial debridement under moderate sedation for majority of younger kids
- Silver impregnated foam dressings to burns
- Serial OSS visits for moderate sedations and wound cares



Partial Thickness Burns or Wounds

Silver Impregnated Foam Dressing

1. Wash burn **very well** – Remove ALL loose skin and drainage
2. Apply silver foam dressing to entire wound
3. Secure with roll gauze
4. Ace wrap, Dermafit, spandex, compression stocking to compress area
5. Must be changed every 3-7 days



Questions?

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