

# PolyMem<sup>®</sup>

## CASE STUDY

### Skin Tear Healing Improved Through the Use Of PolyMem Dressings



BEFORE



AFTER

# Skin Tear Healing Improved Through the Use of PolyMem Dressings

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## PROBLEM

Skin Tears were difficult and costly to manage. In this facility 60% of skin tears treated became infected, develop cellulitis and required antibiotic treatment. The facility's treatment procedure included triple antibiotic ointment, thin adhesive strips and daily dressing changes of gauze 4x4s with a gauze wrap. The skin tears managed in this way regularly became infected, which prolonged the healing time. Infected skin tears often took over 20 days to resolve the infection and completely heal. The patient pictured is on warfarin with low hemoglobin, low hematocrit.

## IMPROVED SKIN TEAR PROTOCOL DEVELOPMENT

After thorough problem analysis and evaluation of various treatments, the author determined the most effective skin tear management technique was to use PolyMem formulation dressings. By developing a simple-to-use Skin Tear Protocol that included PolyMem, the wounds heal without incident and significantly reduced expenses. The wounds treated with this new protocol are reliably free from the signs and symptoms of infection. The wounds are usually completely healed in 5 - 10 days, depending on the size of the initial wound and the resident's health status. Typically only 3 dressing changes are required for the entire course of the skin tear healing process.

## PATIENT OUTCOME

After success in the first test facility, the protocol was replicated in a total of 8 long term care facilities with the same excellent outcomes in each facility. The facilities ranged from small rural facilities with limited RN support to large urban facilities.

## CARLYLE NURSING ASSOCIATES SKIN TEAR PROTOCOL BENEFITS

The new protocol has reduced the cost of skin tear care by:

1. Reducing the number of dressing changes needed, conserving nursing time for other tasks;
2. Reducing the nursing time required for each dressing change because the dressing change protocol is much simpler than with other dressings;
3. **Reducing the percent of skin tears that become infected from 60% to less than 1%**, which saves supply costs, nursing time costs and the cost of treating the complications;

Additionally, the PolyMem dressings reliably and reproducibly relieve the pain associated with skin tears both during dressing changes and during activities of daily living. The PolyMem and Shapes by PolyMem® island dressings stay in place well and the residents find the adhesive on the island dressing to be very comfortable.

## CONCLUSION

The use of the Carlyle Nursing Associates' Skin Tear Protocol

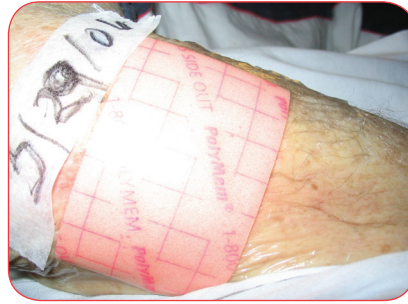
- improves outcomes,
- reduces infections,
- speeds skin tear healing compared to the previous protocol,
- reduces overall costs for the care of skin tears,
- helps relieve the resident's pain associated with skin tears.

The fact that the improved protocol has been successfully implemented in 8 different facilities, representing a wide variety of patient profiles with a wide variety of nursing staff, suggests that others can also implement the protocol with excellent success.



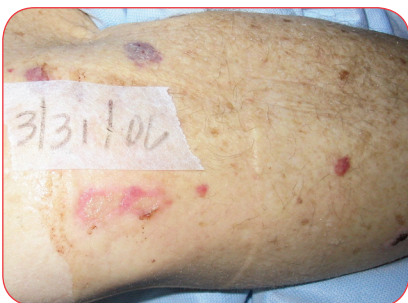
**MARCH 29**

Skin tear occurred. Treatment (as per Skin Tear Protocol): Rinse the wound with saline, approximate the edges, apply a PolyMem dressing.



**MARCH 29**

The PolyMem dressings stay in place well and the residents find the adhesive on the island dressing to be very comfortable.



**MARCH 31**

Healing well without signs of complications. Dressing change: remove dressing and replace with new PolyMem Dressing. No other steps required.



**APRIL 10**

Dressing removed. Well healed skin is visible. (Note: A dressing change was performed on April 4 as per the Skin Tear Protocol.)

## SKIN TEAR PROTOCOL WHICH RESOLVED THE PROBLEM

1. The skin tears are initially cleansed with saline.
2. The skin tears are approximated with a minimal number of thin adhesive strips.
3. The wounds are then covered with an appropriately sized PolyMem dressing.
4. The PolyMem dressings are left on without changing for 3 days. (*Unless exudate becomes visible through the top of the dressing, in which case the dressing is changed based upon visual inspection. It is not uncommon for this to occur in the first 24 - 48 hours. The change process is simple – just remove the dressing and place a new dressing on the wound.*) No wound cleansing is performed during the dressing change process.
5. A new PolyMem dressing is placed on the wound. The new dressing is left on the wound for an average of an additional 4 days. The wound sites and dressings are kept dry at all times.

## OBJECTIVES

1. Discuss complications associated with skin tears, such as infection, delayed healing and pain.
2. Consider the benefits of implementing a reliable, easy to standardize skin tear protocol for use in all care settings.
3. Identify that PolyMem dressings are used to relieve pain associated with skin tears.
4. Recognize that PolyMem dressings facilitate cost effective rapid healing of skin tears.

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**ORIGINAL POSTER PRESENTED AT\*:**

19th Annual Symposium on Advanced Wound Care (SAWC). Poster #341, April 30 – May 3, 2006. San Antonio, TX USA.

21st Annual Clinical Symposium on Advances in Skin & Wound Care. Poster #61, Sept 28 – Oct 1, 2006. Orlando, FL USA.

17th Conference of the European Wound Management Association. Poster #114, May 2 - 4, 2007. Glasgow, Scotland.

WOCN Society 39th Annual Conference. Poster #1217, June 10 - 13, 2007. Salt Lake City, UT USA.

\* This version has been modified from the original; it reflects PolyMem branding.

PolyMem, PolyMem Silver, PolyMem Wic, Wic, PolyMem Wic Silver, PolyMem Wic Silver Rope, PolyMem Max, Max, PolyMem Max Silver, Shapes, Shapes by PolyMem, The Shape of Healing, The Pink Dressing, SportsWrap, SportsWrapST, More Healing • Less Pain, interlocking circles design, PolyMem For Sports, Not too Loose...Not too Tight...Just Right!, Ferris and FMC Ferris and design are marks owned by or licensed to Ferris. The marks may be registered or pending in the US Patent and Trademark Office and in other countries. Other marks are the property of their respective owners.

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