

# Collaboration in the Care of Wounds

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As a fairly new certified wound ostomy continence nurse (WOCN), I have learned that all of the healthcare professionals involved in a case must cooperate in order to provide effective wound care to a patient.

I see wound care patients in their homes; I am one of many who provide care. These patients usually receive their daily care from home health agency staff and family members. However, multiple physicians and their staff — including diabetes educators, physical therapists, and nurses — provide direction to the home health agency and family. These professionals do not always agree on how to manage patients and their wounds. Although we all are concerned for the welfare of our patients and do what we individually think is right, our divergent approaches and the different frequencies at which we see patients often result in a winding road to healing rather than the desired straight path.

Having a consistent care team for each patient can help straighten the path. When staff are familiar with the patient and his/her wound, determining wound progress or deterioration and assessing patient cooperation with care (or lack thereof) is easier and facilitates appropriate, timely, and efficient interventions.

Incorporating evidenced-based practice also will help straighten the path to healing. Using clinical practice guidelines in wound assessment helps focus the efforts of all involved in the patient's healing, or when necessary, palliative care. Guidelines also provide rationale for ordering further diagnostic studies and, most importantly, can provide a standardized care plan for all caregivers throughout the care continuum.

Although clinicians sometimes focus on the *hole* in the patient, we truly need to look at the *whole* patient over the entire course of care, while following standards of practice based on clinical evidence. ■

## Share your Pearls for Practice.

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Send your Pearls to the Editor:  
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## Commentary from Ferris Mfg. Corp.

PolyMem QuadraFoam dressings are designed to easily integrate into a collaborative environment of care. These multifunctional dressings help ensure optimum healing conditions by continuously cleansing, filling, absorbing, and moistening wounds. They are recognized to help reduce persistent wound pain regardless of wound type,<sup>1,2</sup> do not adhere to the wound bed, and usually eliminate the need to manually cleanse the wound bed during dressing changes; thereby, reducing the wound pain often caused by common dressing change procedures.<sup>3</sup> These dressings have been shown to concentrate the inflammatory response into the site of injury while reducing the spread of inflammation, edema, and pain into the surrounding uninjured tissues. As a result of these benefits, the dressings usually reduce periwound erythema and tenderness.<sup>4</sup> They are effective for managing both full- and partial-thickness wounds closing by either primary or secondary intention.

The PolyMem formulation is designed to adjust performance based on the current condition of the wound, allowing the dressings to be used from initiation of care to closure. Using the dressing formulation over the entire course of healing eliminates confusion commonly experienced among the caregiving team about how to manage the “current” dressing at any given time. Because PolyMem dressings usually eliminate the need to cleanse the wound bed during dressing changes, the dressing change process is easy to teach to patients and nonprofessional caregivers. ■

## Reference

1. Sessions R. Can a drug-free dressing decrease inflammation and wound pain? What does the evidence say? Poster presented at the 41st Annual WOCN Conference. St. Louis, MO. June 6–10, 2009.
2. Kim YJ, Lee SW, Hong SH, Lee HK, Kim EK. The effects of PolyMem on the wound healing. *J Korean Soc Plast Reconstr Surg*. 1999;109:1165–1172.
3. Yastrub D. Relationship between type of treatment and degree of wound healing among institutionalized geriatric patients with Stage II pressure ulcers. *Care Manage J*. 2004;(5):4:213–218.
4. Beitz, AJ, Newman A, Kahn AR, Ruggles T, Eikmeier L. A polymeric membrane dressing with antinociceptive properties: analysis with a rodent model of stab wound secondary hyperalgesia. *J Pain*. 2004;5(1):38–47.

## EASY AS 1. 2. 3.

### First Time Only:

- 1 Clean wound per facility protocol
- 2 Place PolyMem dressing on wound
- 3 If infection is present, treat appropriately



Wound margin traced on back of dressing.  
Change dressing when exudate reaches the approximate drawn wound margin

### Dressing Changes:

- 1 Remove old dressing  
NOTE: Do not disturb the wound bed
- 2 Place new PolyMem dressing on the wound
- 3 If infection is present, treat appropriately