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Introduction to workshop

Welcome!

Thank you for agreeing to participate in Year 3 Practical Skills Teaching.

The workshop outcomes for the students are to learn the skills required to perform basic wound care in the adult patient. We also hope to use the opportunity to ask the students to develop their communication skills as wounds can be unsettling for the patient. The students must learn to communicate with the patient effectively.

At the end of the workshop we will be asking you to complete evaluation forms. Please give as much information as you can, as we will use this data to develop the workshop for 2013/14.

Just as a reminder, more information about this skill is found at the Clinical Skills Resource site for tutors. The link to the module is: http://medic.cardiff.ac.uk/clinicalskills/
Please find the Wound Assessment and Management module within the list of e-modules.

We are aiming for the students to be:

Accurate Efficient Compassionate

Thank you again for your participation.

The Clinical Skills Team
Overall Session Aim

To facilitate learning regarding the management of acute wounds

Intended Learning Objectives

By the end of this workshop the students should be able to:

1. Describe the principles of wound healing
2. Assess a wound or laceration and recognise an infected wound
3. Describe how to manage a wound according to the level of risk of infection
4. Define the management of infected wounds
5. Demonstrate understanding of simple wound management through a practical simulated session
6. Evaluate student’s own knowledge of acute wound care and formulate an action plan to compensate for any deficits
**Workshop Structure – Guidance for Tutors**

Please Note: Students arrive 15 minutes prior to taught session for registration and housekeeping

<table>
<thead>
<tr>
<th>Taught Session Time: 45 minutes</th>
<th>Session Progression</th>
<th>Additional Resources</th>
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</thead>
<tbody>
<tr>
<td><strong>Basic Wound Care</strong></td>
<td></td>
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<tr>
<td>12 minutes Intro</td>
<td><strong>Introduction</strong></td>
<td>Quiz PowerPoint and Answer Sheets</td>
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<td></td>
<td>Question and Answer Session</td>
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<tr>
<td>10 minutes Demonstration</td>
<td><strong>Demonstration</strong></td>
<td>Wound Make-up</td>
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<td></td>
<td>Full demonstration of Wound Care Management using an aseptic technique by Tutor</td>
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<tr>
<td>2 minutes Questions and Answers</td>
<td><strong>Questions and Answers</strong></td>
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<td></td>
<td>Students given the opportunity to ask any questions that may have arisen during demonstration</td>
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<tr>
<td>16 minutes Practice</td>
<td><strong>Practice</strong></td>
<td>Wound Make-up and Scenario Cards</td>
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<td></td>
<td>Students work in small groups (2 – 3 students per group) to consider various scenarios, make wound assessments and management plans</td>
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<td></td>
<td>Tutor to support and lend guidance where necessary</td>
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<td></td>
<td>Tutors to encourage patient / student communication – Student pair can act out student-patient relationship</td>
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<tr>
<td>5 minutes Discussion and Final Question and Answer</td>
<td><strong>Discussion and Final Question and Answer</strong></td>
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<td>Recapitulate on the session and address any questions that have arisen</td>
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Introduction:

Trauma wounds are defined as ‘wounds caused by injury’. They range from extensive loss of tissue to simple abrasions.

Wound healing is an intricate process in which the skin (or other organ) heals itself after injury.

In normal skin, the epidermis and dermis exist in a state of equilibrium, forming a protective barrier against the external environment. Once the protective barrier is broken, the process of wound healing is immediately set in motion. The classic model of wound healing can be divided into four sequential, yet linking phases.

Sequence of healing:

- **Haemostasis**
- **Inflammatory**
- **Proliferative**
- **Remodeling**

**Initial management:**

- **Primary Survey**
  - Airway
  - Breathing
  - Circulatory Volume
  - Level of Consciousness
- **History Taking**
  - How?
  - Where?
  - When?
  - Why?
- **Consult Senior When:**
  - Vascular damage
  - Nerve damage
  - Tendon Injury
  - Facial lacerations
  - Lacerations to palm
  - Lacerations associated with cellulitis over a joint
  - Foreign Body
  - Complex lacerations
  - Burns

Wound assessment should note the environment where the injury occurred, and include a holistic assessment of the individual. It is important the wound is managed according to the level of risk of infection. There are 3 broad categories:

- **Low Risk**
  - A wound that is assessed not to be infected or at high risk for infection
- **High Risk**
  - A wound that has been assessed as not being infected, but is at risk of infection
- **Infected**
  - A dirty-infected wound is one that retains devitalised tissue or involves preoperatively-existing infection or perforated viscera
People may have additional risk factors that need to be considered when assessing and managing the wound. These factors are detailed below:

- Diabetes
- Oral steroid therapy and other causes of immunosuppression
- Age older than 65 years
- Foreign body present before cleaning of wound
- Stellate shape or jagged wound margins
- Visible contamination with substances other than soil, faeces, saliva, or pus
- Presentation longer that 6 hours after injury
- Wound longer than 5 cm

**Assessment:**

For the purposes of this workshop, students will be assessed on a formative basis. This will take place in two parts:

1. A quiz at the start of the session based on prior self-directed learning (PowerPoint Quiz).

2. The practical component is assessed through observation and feedback on the student performance with the aim of encouraging further practice and improvement. Throughout the session it is proposed that frequent questions should be posed to the students, encouraging each student as the session progresses. A formative assessment sheet is provided, on which the tutor has to indicate that the student has participated in the practical component. There is room for 'comments' regarding student performance if required.
Appendix A – Scenarios

Ingram

Actor to have a small puncture like, oozing wound painted on right arm simulating an infected wound

Actor plays the part of Mr/Mrs Ingram, a 40 year old lady/gentleman who sustained a bite on their right forearm from their Jack Russell terrier 3 days ago.

Mr/Mrs Ingram dressed the puncture wounds themselves, but it now looks inflamed, and oozing yellow discharge. Mr/Mrs Ingram is worried about the wound.

Questions to be answered:
Q1. Is this a low, high or infected wound?
Q2. How would you manage this wound?
Q3. How would you dress the wound appropriately?
Q4. What follow up advice would you give?

Take a detailed history and ascertain whether the wound was originally contaminated with high-risk material (soil, faeces, bodily fluids, or purulent exudates).

Treat contaminated lacerations with e.g. co-amoxiclav. If the person is allergic to penicillin, treat with erythromycin combined with metronidazole. Metronidazole provides additional coverage for anaerobes that are not susceptible to erythromycin. It is licensed for various deep soft-tissue infections in which anaerobes are likely to proliferate.

If the wound has not improved and bacteria culture indicates resistance to the first-choice antibiotic, change to a suitable antibiotic guided by the results of sensitivity testing.

Summary action plan:

Swab the wound

Broad spectrum antibiotics prescribed

Check if the prescription needs changing when the swab results come through

Ensure holistic wound assessment is conducted; consider choice of dressing: e.g. antimicrobial primary

Document all decisions and discussions with the patient
Lowri

Actor to have a slightly bleeding, 4cm straight laceration painted on their left arm simulating a low risk wound

Actor plays the role of Mr/Mrs Lowri, an anxious 68 year old lady seen at the local hospital Minor Injuries Unit. Mr/Mrs Lowri explains that they accidently cut their left forearm with a clean Stanley knife causing a 4cm, 4mm deep wound while doing craftwork. The wound is bleeding a little but it is not gaping. Mr/Mrs Lowri has no long term health conditions.

Questions to be answered:
Q1. Is this a low, high or infected wound?
Q2. How would you manage this wound?
Q3. How would you dress the wound appropriately?
Q4. What follow up advice would you give?

Summary action plan:

1. Simple wound dressing (semi permeable) after irrigation/cleansing
2. Ensure holistic wound assessment is conducted; consider choice of closure material and dressing
3. Document all decisions and discussions with the patient
4. Follow up advice given

Any other issues - anxiety, living alone, dexterity. Need to refer?
Highgrove

Actor to have a 4cm jagged, slightly bleeding wound painted on their right arm

Actor plays the part of Mr/Mrs Highgrove, a 65 year old patient with type 2 diabetes. Mr/Mrs Highgrove has come in to A&E with a jagged gash on their right forearm where they fell on the garden steps. There is a small amount of soil in the wound, and the patient is worried about infection.

Questions to be answered:
Q1. Is this a low, high or infected wound?
Q2. How would you manage this wound?
Q3. How would you dress the wound appropriately?
Q4. What follow up advice would you give?

Treat lacerations that may be contaminated with soil, faeces, saliva, or purulent exudates with co-amoxiclav. If the person is allergic to penicillin, treat with erythromycin combined with metronidazole.

Treat lacerations that are not obviously contaminated with flucloxacillin. Use erythromycin if the person is allergic to penicillin.

Refer people with a tetanus-prone wound which is at high risk of contamination with human tetanus immunoglobulin, regardless of tetanus immunization status.

Summary action plan:

Importants: Wounds that are of High Risk of Infection are dressed but not closed

Prevent apposition of the wound edges by packing with a non-adherent dressing if required.

Consider anti-microbial primary dressing

Broad spectrum anti-biotics prescribed (eg ....)

Document all decisions and discussions with the patient

Follow up advice given
Appendix B - Useful resources:

For more information about aseptic technique and dressing a wound, watch the tutorial provided by Queen Mary’s University:
http://www.cetl.org.uk/learning/aseptic-dressing-technique/player.html

NHS Clinical Knowledge Guidance
http://www.cks.nhs.uk/lacerations/management/detailed_answers/when_to_refer


