

# WOUND EDUCATION

CLINICAL TRAINING MADE EASY<sup>©</sup>

TRAINING SESSION 4

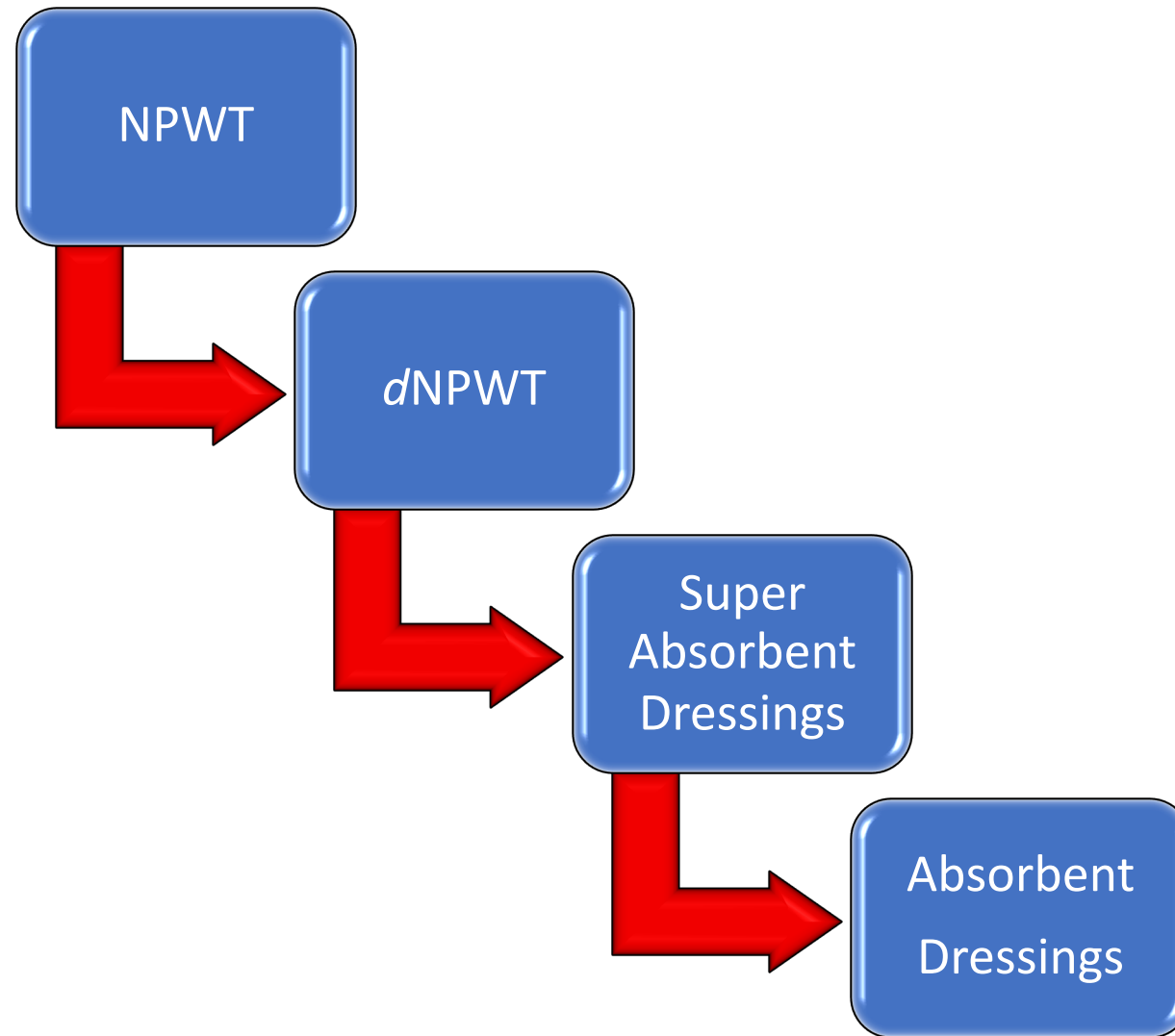
MODULE 5

Stepping Down

# Indications for Stepping Down



# What does stepping down look like?



# Person

- Cognition/Confusion
- Reduced capacity
- Anxiety/Sleep
- Limited mobility/ fear of falling
- Patient preference
- Investigations
- Pain/Bleeding





# Wound

- Interim end point reached
- Healing wound – low exudate
- Exudate (Pico) < 300ml/week
- Cavity < 2cm (Nova)
- Wound size < 100 TSA
- Wound bed preparation required
- Infection uncontrolled
- Wound location and Skin integrity



# Environment

- Device access – contracts
- Funding sources
- Environmental policies
- Staff competency-Discharge planning
- Prescriber (failure to) follow-up
- Standard protocols – incisional site
- Reusable device failure
- Patient transfers
- Maintenance/servicing contracts
- Power – Air Conditioning



## Scenario

A patient is being transferred back to the aged care facility 3 days post-op following a surgical wound debridement of a coccyx pressure injury. The reusable dressing had been change on day of transfer. Minimal discomfort (4/10) on dressing change. Nil trauma, adherence or active bleeding.

## Wound Assessment

T: 100% quality granulation

I: No evidence of clinical infection

M: A total of 80mls blood stained fluid in the canister/3 days

E: Cavity of 1cm. Small abrasion from the adhesive film.

## Discharge Plan

Follow up outpatient appointment with the specialist in 4 weeks.

## Question

What step down option/s could the aged care facility care manager discuss with the acute care team and the rationale for this selection?



- **dNPWT: Pico, Avelle or SNAP or Absorbent dressing with filler.**
- **Limited trained staff. Simple, available, skin friendly, filler available**

# Key Points

- Stepping down from NPWT or *d*NPWT requires regular reassessment of the person, wound and organisational issues.
- Future organisational protocol should include guidelines of stepping up/down
- Clinician must acknowledge the person with a wound and the possible effects that NPWT/*d*NPWT/*i*NPWT may be having.