

WOUND EDUCATION

CLINICAL TRAINING MADE EASY[©]

TRAINING SESSION 8

MODULE 7

Patient Education

Enabling Self Care

Table 4. Self care checklist for patients with vulnerable skin (adapted from Wounds UK, 2015)

- Have I been given an individualised skin care plan?
- Am I using an emollient every day?
- Am I eating sensibly and drinking enough water?
- Am I keeping as active and mobile as possible?
- Have I thought about wearing clothing to protect my skin - e.g. long sleeves, shin guards or tubular bandages?
- Has my environment been made as safe as possible - e.g. adequate lighting, no obstacles and using padding on furniture if required?
- Am I wearing sensible/comfortable shoes to avoid falls?

Skin Tear Patient 1st Aid



Stop the bleeding by applying gentle pressure & elevating the area. Controlling bleeding will help the skin flap to reconnect to the wound bed.

Reposition the skin flap back into position. Run clean warm water over the direction of the realigned skin flap. Pat dry with a clean towel or paper towel. Continue to observe for signs of infection

Once the bleeding has stopped and the wound is clean with the flap realigned place a clean dressing over the wound. A dressing that won't stick and lift the flap is ideal. Leave undisturbed for 7 days unless pain, heat or leakage occurs

If the wound continues to bleed

or

The injury is deep or large

or

There are signs of infection or increasing pain you should contact a medical officer.

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Key Points

- Patients frequently experience skin tears attending simple tasks around the home.
- Providing strategies to minimise skin tear incidences is beneficial.
- Educating patients how to most appropriately manage skin tear injuries can improve the healing outcome.

Question: Patients should be instructed to always anchor the skin flap into position.

Answer: False.

Patients can be shown how to realign the skin flap into position. A dressing can keep the flap in position, especially if the dressing is not disturbed for up to 5 days. Importantly the dressing should have arrows indicating the correct direction to remove the dressing so as not to disturb or lift the skin flap from the wound bed.