

# [Surgical wound care essay sample](https://assignbuster.com/surgical-wound-care-essay-sample/)

Types of Wounds   
\* According to how they are acquired   
\* Abrasion, laceration, cut/incision, trauma   
\* According to the degree of wound contamination   
\* Dependent for how the is the wound, if there is any antibiotic, other treatments   
\* According to depth   
\* Dermis, epidermis, subcutaneous, muscle   
Purpose   
\* Promote wound healing   
\* To promote optimal condition

Factors affecting wound healing   
\* Developmental considerations   
\* Nutrition   
\* Lifestyle   
\* Medications   
\* Infections

Complications of Wound Care Healing   
\* Hemorrhage   
\* Hypovolemic Shock   
\* Hematoma   
\* Infection   
\* Dehiscence with possible evisceration

Types of Dressing   
\* Gauze   
\* Synthetic Dressings   
\* Hydrocolloids   
\* Foams   
\* Alginates   
\* Hydrogels

Modes of Applying the Drainage   
\* Dry to dry   
\* Use clean gauze   
\* Pat dry inner to outer   
\* Wet to dry   
\* Use the sterile bowl   
\* Place sterile gauze   
\* Put NSS to the gauze at the sterile bowl   
\* Prepare another sterile gauze. Maintain it dry.   
\* Use 2 forceps. Grab the end of the gauze with forcep A, then another end with forcep B \* Pigain ng hindi gumagamit ng kamay. Only rolling the forceps \* Place the wet gauze at the wound site

\* Then cover the wet gauze with a dry gauze.   
\* Wet to damp   
\* Wet to wet

Kinds of Wound Drainage   
\* Serous exudate   
\* Clear in color   
\* Purulent exudate   
\* Yellowish   
\* Might need the swab   
\* You do not need to clean the area when you are going to get a sample / culture \* Sanguineous exudate

Wound Drains   
\* To excrete excess fluids and promote healing   
\* Jackson Pratts   
\* Do not kink when draining   
\* Penrose drain   
\* To drain excess fluids   
\* Pin – to hold in place   
\* Serve a stopper   
\* T-Tube   
\* Hemovac   
\* Gomco Suction Device

Change of Dressing   
\* First 24 hours, post op dressing do not touch because it is a pressure dressing \* For preventive measures   
\* Type depends upon the type of wound that you patient has. \* Principle: CLEAN TO DIRTY   
\* Inscision site is the cleanest area   
\* Sterile dry dressing   
\* Use of antiseptic and then apply dry gauze   
\* Before you change the dressing, check first condition of the patient \* Post op site is worse, call the physician   
Methods   
\* Sterile technique   
\* Clean Technique

Abdominal Binder   
\* For post op abdominal surgery   
\* Scultetus Binder   
\* Cloth only   
\* OB Case – top to bottom (involution)   
\* Post Abdominal Surgery – bottom to top (to tighten the abdominal muscles)

Care of the Unconscious   
\* Eye Care   
\* Make a mitten (to avoid the drip of the excess fluids of the patient, to prevent in drying easily of the washcloth, inner to outer) \* Moisten the muta first before removing it   
\* Unconscious client = diminished blinking reflex apply eyepad \* In applying eye drips hyperextend the neck to lessen blinking reflex \* Non dominant to lower the conjunctive, dominant hand to squeeze the eye drop \* After placing the solution, tell the patient to close the eyes gently, rotate the eyeballs \* Eye ointment inner to outer canthus

\* Ophthalmic solution first then eye ointment   
\* Oral Care   
\* Toothette   
\* Position of patient   
\* Conscious = semi fowlers   
\* Unconscious = side lying, flat or supine while the head is on the side (to promote drainage of secretions) \* Place the towel on the chest   
\* Patient has artificial dentures   
\* Use the padded tongue depressor or toothette (only foam) \* Dip on the water then press on the side   
\* Use as a tooth brush   
\* Artificial dentures   
\* Brush it   
\* Conscious patient   
\* Semi fowlers   
\* Place kidney basin at the chin part   
\* Unconscious   
\* Do not place the artificial dentures   
\* Dentures = place in an opaque container with water (to keep it moisturize, keep from dryness) \* Make sure not to forget the suction machine is always available at bedside \* Can apply petroleum jelly

\* Nasal Care   
\* Use cotton buds   
\* Can moisten with salinase   
\* Treatment of Pressure Ulcers   
\* Stage 1   
\* Reddened, hard   
\* Stage 2   
\* Stage 3   
\* Stage 4   
\* Apply antiseptic solutions, antibiotics   
\* flushing   
\* Pinakamadumi ang insertion site kapag draigage – so inner to outer

Psoriasis   
\* Use of potassium permanganate   
\* Use gloves   
\* Has drying effect   
\* Use tap water, then place small bits of potassium permanganate (will turn purple, but it should be light pink)

Post Mortem Care

Signs of Absolute Death   
\* CBF(Cerebral Blood Flow)   
\* Normal cerebral blood flow study showing cranial space filled with blood \* Flat EEG   
\* Cerebral blood flow study showing no blood entering the brain

Body Changes after Death   
\* Algor Mortis   
\* Rigor Mortis   
\* Livor mortis

Post Mortem Care   
\* Talk to it even when it is already dead   
\* Give some time to grief   
\* After some time, tell the family that you have to prepare the patient \* Accomplish the cadaver form   
\* Time of death   
\* Give it a bath   
\* Oral care   
\* Nasal care   
\* If for autopsy   
\* Cut all the tubes, do not remove   
\* It not for autopsy   
\* Remove all

Death related Rituals and Funerals of selected religious groups \* Muslim   
\* Dying person must confess sins and ask forgiveness in presence of family, family washes and prepares body and turns body towards Mecca \* Judaism   
\* Body ritually washes by members of ritual burial society; burial as soon as possible \* Lutheran, Methodist, Presbyterian   
\* Roman Catholic