

Surgical wound care essay sample



**ASSIGN
BUSTER**

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

- * Incision 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 mitta 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 saline
- * 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