HLTENN006

[Author Name(s), First M. Last, Omit Titles and Degrees]

[Institutional Affiliation(s)]

Author Note

[Include any grant/funding information and a complete correspondence address.]

**Holistic Assessment of Patient**

**Medical History and Examination**

70 years old female with acute abdominal pain and tenderness having generalized abdominal swelling after one month of hysterectomy and developed a dehiscence wound. Patient was examined and suggested to have a split-thickness skin graft. The patient has previous medical history of cancer of fallopian tubes, GORD, postural hypotension & T2DM. She had a burn on her left arm as well as pressure ulcer stage 2 was also diagnosed with scum. She is under close observation in wound care management**.**

**Types of Wound**

**Dehiscence Abdominal Wound**

Dehiscence wound is a major wound after abdominal surgery that can lead to serious complications. It is formed as a result of the disruption of a wound. Certain factor such as fever, infection and surgical incision can interfere with the healing of the wound.

**Pressure ulcer**

Usually develop due to the prolonged stay on the bed, usually observed in elder people. It progresses because of pressure and compression of the skin.

**Burn injury**

These are usually caused by the burn and can damage skin superficially. It may cause a blister and painful skin.

**Wound Management Principles**

Management of an open wound is complicated as the wound is a disruption which can lead to infection (Ramshorst et al., 2010). The management can be done by using vacuum-assisted closure. The wound management of this case was completed by split-thickness graft. This kind of graft would take 3 weeks to completely heal the wound. This is a procedure to heal and repair the abdominal wall of this patient. Antibiotic therapy would be suggested for the prevention of the infection. Risk patients would be more at risk if the age is above 65 years. Obese patients, systematic and other local infections, having previous surgery, dirty and soft skin is also associated with high risk of these wounds. Inappropriate wound management, carelessness, excessive coughing, fever, intra-abdominal pressure and constipation can lead to major complication to dehiscence wound (Ramshorst et al., 2010). Accurate and precise calculation of the wound such as oedema, seroma and signs of swelling. Disrupt skin, haemorrhage and abdominal pressure and anatomical region would be assessed. Odour, colour, and pain would be noticed.

**Evaluation of Wound**

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| **Category**  | **Dehiscence Abdominal Wound**  | **Pressure Ulcer**  | **Burn Injury**  |
| Wound bed status  | Painful, disruption of skin.  | Red, painful blister | Painful blisters |
| Wound characteristics  | Dull wound, presence of infection, dehiscence and slough  | Reddened, blistering skin and itching | Red in colour having tenderness and swelling |
| Condition of skin  | Degenerative  | Soft, warm and rough  | Red and blisters  |
| Wound exudate | Mal-odour, dull wound, red in colour, slough | Red and pressure wound (Qu et al., 2018). | Blisters  |
| Other assessment  |  | Itching  | Itching and burning  |

**Expectation of Wound Healing**

Obese and elder patients, systematic and other local infections, having previous surgery, dirty and soft skin is linked with a high risk of wound infections. Inappropriate wound management, carelessness, excessive coughing, fever, intra-abdominal pressure and constipation can lead to major complication to dehiscence wound (Ramshorst et al., 2010). Adequate nutrition is required for the nourishment and energy to regain strength. Bed rest with minimum movement as the wound is located at the abdomen (Ramshorst et al., 2010). Multidisciplinary care management including clean and safe environment, suitable temperature, appropriate dressing.

**Wound Management Plan**

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| **Category**  | **Dehiscence Abdominal Wound** | **Pressure Ulcer**  | **Burn Injury**  |
| Moist wound healing  | Is required to keep the wound heal faster, action plan for the management of wound, would take the least time to heal, less infection risk, this procedure promoted the production of collagen and protective growth factors that will enhance healing and repair.  | Required to provide adequate time for healing, to reduce infection and enhance the healing process. | Not required.  |
| Skin & risk assessment  | Soft and degenerative skin will lead the wound to develop infection and healing will be slow, grafting will make the skin tough to absorb abdominal pressures and will make the skin intact.  | Blistering and rough skin. Any fungal or bacterial infection may lead to fever and other skin disorders (Boyko, Longaker & Yang, 2018).  | Blistering requires to be properly handled such as the risk of infection and bleeding. |
| Wound cleaning  | Important step for the cleansing of the wound includes removal of debris and dead cells, and dressing scums, and to reduce contamination. Use antiseptics for cleansing along with an appropriate dressing. The dressing will prevent infections, always use sterile gloves for cleansing.  | Special dressing such as alginate dressing which will enhance healing as it contains seaweed (Boyko, Longaker & Yang, 2018). Hydrocolloid dressing gel. | Dressing such as warm and hard can be used, antibiotic ointment will be used as the skin wound is superficial and at the epidermis. |
| Pressure support and relieving devices  | For abdominal wound, it is important to have intact skin to reduce pressure. Skin tightening can be done by using plaster adhesive tape and grafting tapes.  | Dehiscence tape  | Pressure to stop bleeding otherwise pressure dressing |
| Prevention programs  | Regular dressing, cleansing of the wound, use of sterile gloves, adequate nutrition, cotton swab and antibiotic medications, foams and dry dehiscence films. Safe and clean environment and proper advocacy of summer/winter precautions to prevent fever and cough.  | Prescribed dressing regularly, less contact with air and water to prevent contamination, sterile gloves and advocacy for summer winter season. | Avoid in contact with air and water. Dressing should be dry and warm. Ointment therapy regularly  |
| Selection of wound dressing | Hydrocolloid dressing. Saline solution with sterile gloves, dry dehiscence agents, antiseptics for dressing (Ramshorst et al., 2010).  | Alginate dressing  | Antibiotic Ointment  |
| Secondary dressing | Foam and cloth | Hydrocolloid gel  |  |
| Pain management timeframe  | Pain killers Panadol 1000mg. healing in 4 to 5 weeks  | Pain killer and analgesics  | Ointment and pain-relieving cream for skin |

**Health Education and Pain Management**

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| **Category**  | **Dehiscence Abdominal Wound** | **Pressure Ulcer**  | **Burn Injury**  |
| Health education  | Adequate nutrition is required for the nourishment and energy to regain strength. Bed rest with minimum movement as the wound is located at the abdomen (Ramshorst et al., 2010). Multidisciplinary care management including clean and safe environment, suitable temperature, appropriate dressing.  | Appropriate and balanced diet along with supplements which includes sodium and calcium. Bed rest and minimum contact with air and water, suitable room temperature and appropriate dressing (Qu et al., 2018).  | Appropriate care and minimum contact with air and water, regular dressing and care.  |
| Medications  | Pain killer and antibiotics.  | Pain killers and analgesics  | Antibiotic ointment  |
| Pain management  | Pressure therapies and pressure redistribution apparatus.  | Pressure therapy redistribution apparatus. Weight control management  | Pain-relieving cream for skin or external use |
| Frequency of dose | Endone twice a day, esomeprazole once daily, metformin twice a day, hydromorphone twice a day and Panadol 3 times in a day. | Endone twice a day, esomeprazole once daily, metformin twice a day, hydromorphone twice a day and Panadol 3 times in a day. | Three times a day  |
| Justifications for medication | Panadol and endone will be administered to relieve pain, Esomeprazole will be used to relief acidity of the stomach.  | Panadol and endone will be administered to relieve pain, Esomeprazole will be used to relief acidity of the stomach.  | For pain relief  |
| Patient education for pain management  | Adequate sleep to increase the healing process (Ramshorst et al., 2010). Avoid stress and also avoid aggravating factors such as inappropriate diet and unnecessary movement. | Adequate sleep to increase the healing process (Qu et al., 2018). Avoid stress and also avoid aggravating factors such as inappropriate diet and unnecessary movement (LeBlanc et al., 2018). | Proper sleep to increase the healing process. Avoid stress and also avoid aggravating factors such as inappropriate diet and unnecessary movement. |

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