Wound Management Plan

[Name of the Writer]

[Name of the Institution]

**Wound Management Plan**

**Introduction**

 Martha Stewart is a 75-year-old woman who was admitted in the hospital with a Venous Leg Ulcer. She lives with her son, daughter in law and 2 grandchildren. Her husband passed away 5 years ago. Martha has two more children as well, a son and a daughter who occasionally visit her (Park, Hwang & Yoon, 2017). They seem like a close-knit family as all Martha's family members seemed quite concerned about her wound. Martha has had a past history of osteoarthritis, total knee replacement, thyroidectomy and hypertension. All in all, Martha has a well-balanced diet and takes care of herself the best she can (Park, Hwang & Yoon, 2017).

**Wound Evaluation**

The leg ulcer occurred on the gaiter portion of Martha's right leg around five months ago. The initial dimensions of her wound were 10cm x 5cm. The wound was being measured on a regular basis by the last caregivers she was a patient for, but no alterations were seen in the wound size. In the start, the wound was red in colour and also shallow (Park, Hwang & Yoon, 2017). The skin which was surrounding the wound was quite discoloured and varicose vein could be seen on the leg that was affected. They gave the indication of varicose eczema. Given the classic symptoms, it was safe to say that Martha was suffering from a venous leg ulcer.

**Impact of the Wound**

 The wound impacted Martha’s life in more ways than one. She has severe pain, swelling and itching on her leg. These symptoms are taking a toll on the quality of her life, she cannot move around like she used to (Raffetto et al., 2016). Her movement is limited, which also has an impact on her weight. Her sleeping patterns are also quite disturbed. There are certain nights when she hardly gets any sleep due to the pain. Further, she has not been able to spend family time like she used to. She has not been able to play with her grandchildren either. This is also causing her to suffer from depression.

**Wound Physiology**

 There are three stages to the healing of the wound. The first stage being inflammation, second being proliferation and the last being the maturation phase. Martha's wound is still in the inflammation stage (Raffetto et al., 2016). This is the first stage in which the initial healing starts. This has more to do with the body's natural reaction to trauma. When the human body suffers from a wound, it starts the homeostasis. In this step, the blood vessels seal and constrict themselves as the platelets start to form a substance that will form a clot which will stop the bleeding. Once this process is over and done with the blood vessels start to dilate, which further lets in the white blood cells, nutrients, enzymes, antibodies and other elements that are essential for the promotion of good wound healing and aid in controlling the infection (Franks et al., 2016). This is also the step when Martha would be facing the inflammation; swelling, pain, redness, and heat is experienced in the affected area.

 Then comes the stage of proliferation. In this phase, the wound starts to rebuild itself via healthy and new granulation tissue. It is a known fact in the medical world that the hue of the granulation tissue specifies the health status of the wound. If the wound is red or pinkish in colour it is an indicator that the wound is healing properly but if the wound is dark in colour that means that an infection is developing or has developed (Franks et al., 2016). In Martha's case, the wound was red in colour in the beginning but it started to change colour within the five-month span. That means that the wound got infected.

The final stage of the healing process is maturation. It starts when the injury has closed, it can take around 1-2 years of time. In this stage, the dermal tissues are repaired to improve their stretchable strength. The fibroblasts that are nonfunctional are substituted by functional ones. Further, cellular activity decreases by time and the number of blood vessels that are present in the area that has been affected also decline and retreat. It should be kept in mind that even if the wound is in the maturation stage the patient should go on with the treatment plan. If the patient neglects the wound, there is a chance of risk that the wound will start to break down again as it has still not healed completely. Even after the wound has gone under complete maturation, it still stays 20% weaker than it was initially. In cases when the patient is older, they should take care of the area that had the wound even after the maturation process has taken the full course.

**The Wound Management Plan**

 Before the wound management can be initiated, it should be made sure that the wound and the surrounding areas are in preferable conditions to start the healing process. If the wound has moisture in it, bacteria will be produced that will lead to the wound getting infected. In Martha's case, the wound was badly infected. Over the course of time, there were various dressing regimens that were followed in order to initiate healing. Since the wound got infected the patient was eventually asked to take Flaxopen. Later, Kaltostat and Intrasite gel were also discontinued as Martha felt like they were making the skin around the wound rough, regardless of the use of petroleum jelly on the good skin (Green, Jester, McKinley, & Pooler, 2018). Healthcare givers around the world have claimed that when it comes to wound management the bandaging and dressing are key and the main factor that helps in the wound healing. The idea is to boost and aid the healing process by keeping the wound clean and creating a fit environment for it to heal.

When it comes to wound management plan, it starts by the cleaning of the wound properly in a manner that all the access dead skin around the damaged area has been removed and the wound has been cleaned with the help of normal saline. This step makes sure that all the debris and exude around and on the wound has been removed. After that, an effective antiseptic is used to clean the wound further. This step is essential as it gets rid of all the bacteria that can become the cause of an infection. After this, the healthcare nurse prescribed Martha to take an oral supplement which is high in protein to initiate the healing process. Further, she has been prescribed a Profore compression bandage, which would be applied to the wound twice a week. This will be done for two weeks straight (Green, Jester, McKinley, & Pooler, 2018). After those two weeks, the bandage will be applied to the wound once in a week. The care plan also required her to wear elastic stockings on top to keep everything secure.

Choosing the bandaging technique or dressing is one of the most crucial steps of wound management. In this case, no second dressing was required for the wound. It was evident by the second week of the changing of the bandage that the wound had started to heal. Martha added that the wound was less itchy and the skin around it was not getting rough either. She also said that the inflammation and pain were much better. It took some time but within four months the wound had completely healed. The Profore compression bandage did its work. The healthcare givers started applying it on Martha at the beginning of April and by the end of August, she was completely healed (Green, Jester, McKinley, & Pooler, 2018). The healthcare givers were very happy with the results. They could see that the wound had completely closed and the maturation period had started. There are studies that have proven the fact that a single layer of compression bandage system has worked tremendously well for venous leg ulcers.

**The need for giving Health Education to the Patient**

It is essential that Martha is given awareness in regards to the factors that aid in the healing of the wound. In fact, Martha herself asked that how can she take a shower. She likes to keep herself clean so skipping shower was not a solution for her. In this regard, it was essential that she bathes in a manner that the wound stays dry. It is important that the wound is kept dry so it heals properly, so it should not be under any circumstances be exposed to moisture (Norman et al., 2016). In order to take a shower, she can wrap a plastic sheet around her leg so the water does not seep in through the bandages. Further, it is also necessary that the area around the wound is kept clean as well to avoid any kind of infection. For that, Martha can take a wet and warm towel to clean the area around the wound.

 Even after the patient goes home they should always keep tabs on the wound; that the bandage does not have any kind of discharge or there is no unique feeling in the wound. Additionally, even after the wound has been healed completely, it is necessary that an eye is kept on it. If there is an abnormal swelling, redness or pain the healthcare giver should be approached immediately (Norman et al., 2016). Lastly, Martha should keep an eye on her diet. She needs to take a diet that is rich in protein and vitamins. It is also necessary that she avoids taking any high-calorie diet as she had already gained weight due to her movement being restricted. She should focus on the greens and take in lean protein on a daily basis. Other than that, she should also incorporate fruits in her diet that speed up the healing process. Food items that are high in vitamin C are perfect for this, citrus is the best bet. Her son and daughter in law have been given the diet plan that is fit for Martha's health (McGregor, 2016). However, she will be also prescribed some multivitamins and supplements that will aid in the healing as well.

**Pain Management**

 The kind of wound that Martha has had, pain management is essential. She has been complaining of pain every now and then throughout the healing process. Since the pain is not extreme she will be prescribed with Paracetamol 500mg. This is a drug that is used to treat mild pain and fever. Since the nature of Martha's pain in similar, this is perfect for her. Having said that she will be asked to take it only when it is needed most (McGregor, 2016). The combination of the compression bandage technique and the paracetamol will help with the pain management and fast healing of the wound.

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