



Featured VITAS Expert

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Wound Care 101

GOAL: To help hospice and healthcare workers understand the clinical management of skin wounds and pressure ulcers that affect bedridden patients. Topics focus on wound treatment, prevention, risk factors and guidelines for appropriate wound care.

<https://www.vitas.com/partners/continuing-education/wound-care-101-december-13-2018>

Key Takeaways:

1. About 40% of hospice patients experience pressure ulcers and skin wounds, the result of a patient's underlying health condition, age, immobility, comorbidities, medications, incontinence and the deteriorating body's inability to heal and recover.
2. Proper wound care addresses pain, improves quality of life and contributes to patient comfort, even in the final stages of life.
3. The goal of wound care is to prevent complications or deterioration of existing wounds, prevent additional skin breakdown, minimize the wound's impact on the patient's overall condition and promote wound healing.
4. The previous four-stage identification of wounds now includes two new stages: "unstageable" and "deep tissue injury." New wound care guidelines also emphasize the need to prevent the formation of new pressure ulcers.
5. Appropriate wound care includes cleansing the wound and moisturizing dry skin; debridement (removal of dead/damaged/infected tissue); absorption of excess fluids; treatment of infections; and relying on repositioning, lifts or supports to reduce friction and weight on the wound.
6. Hospice and long-term care providers can promote patient comfort by using a gentle touch when caring for and moving patients, explaining treatments during care to relieve anxiety, anticipating next steps, pre-medicating wound-care patients (if necessary), and observing and documenting patient reactions.

Question: How can you advocate for patients or residents who develop pressure ulcers and skin wounds? At what stage would palliative care or hospice services improve quality of life? When should palliative and hospice care be initiated?