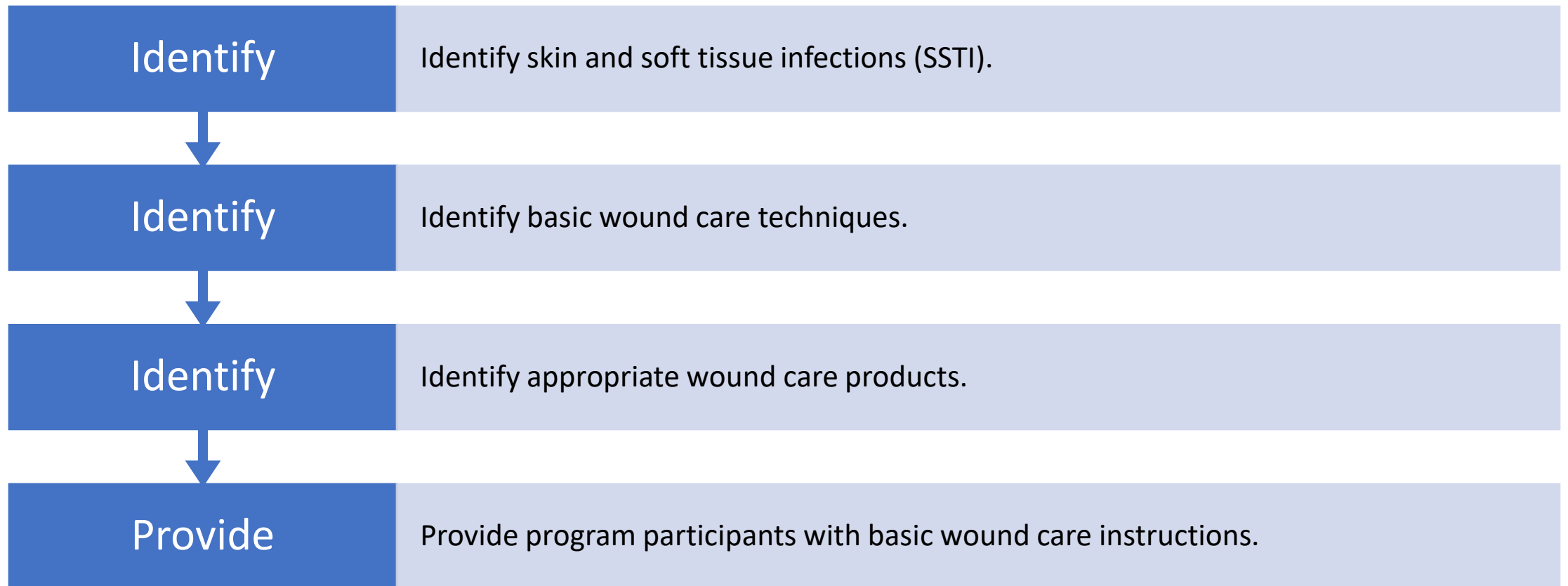


The background of the slide is a collage of various medical supplies. At the top left, there is a solid orange horizontal bar. The collage includes several white adhesive bandages with blue and red patterns, a roll of white medical tape, a pink and white gauze sponge, two clear plastic syringes with pink plungers, and several packets of medical products. One packet is labeled 'MCKESSON Gauze Sponges' with dimensions '2" x 2" (5.1 cm x 5.1 cm), 8-Ply'. Another packet is labeled 'BZK Antiseptic Towellette' by 'dynamax'. There are also packets with 'LOT 107142339' and 'LOT 1781' visible. The text 'Wound Care Basics for Syringe Service Programs' is overlaid on the left side of the collage.

Wound Care Basics for Syringe Service Programs

Tasha Turner-Bicknell, DNP, RN, CPH
Kentucky Department for Public Health
Public Health Nurse Webinar, June 27, 2023

Objectives:



Why talk about wound care?

Concurrently run SSPs and wound care clinics are uniquely positioned to facilitate care to PWID. Providing new, sterile equipment as well as early wound care intervention can reduce morbidity and mortality as well as health care expenditures by reducing the number of SSTI and injection-related wounds that require hospital admission. Establishment of wound care clinics as part of an SSP represents an untapped potential to reduce harm.

Sanhez, D. P., Tookes, H., Pastar, I., & Lev-Tov, H. (2021)

Skin and soft tissue infections (SSTI)

- Skin and soft tissue infections (or SSTIs) - bacterial infections such as abscesses, cotton fever, and endocarditis.
- For people who inject drugs, they can be caused by improperly cleaned skin, a missed shot, non-sterile injection equipment, or contaminated drugs.
- It's critical to provide both the equipment and safer injection education to promote the safest possible injection every time.

National Harm Reduction Coalition, 2020



Signs and Symptoms of SSTIs

Bad odor or smell

Affected area getting bigger

Redness around edges

Swelling

Tenderness

Thick pus

Fever/chills

Pain or loss of feeling

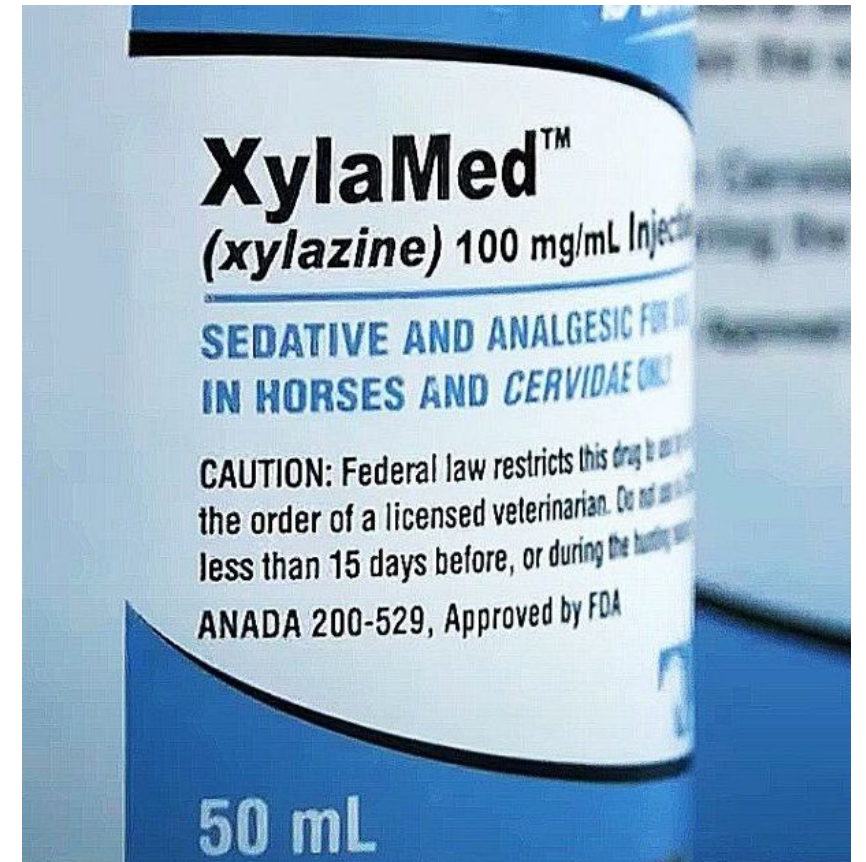
Population needs:

- Barriers to hygiene
- Small cuts abrasions
 - Living unsheltered
 - Decreased access to over-the-counter items
- Injection related abscesses
- Non-injection related xylazine – wounds not associated with injection
~ smoking, snorting



What is xylazine

- Non-opioid veterinary tranquilizer
- Not approved for use on humans
- Linked to an increasing number of overdose deaths nationwide
- Found with drug adulteration
- Often co-occurring with fentanyl
- Associated with soft tissue destruction - skin ulcers, necrosis, wounds that spread, and related complications



When you see wounds...

Symptom analysis ~ ask the client:

- How long have you had this?
- Is it painful?
- Is it warm?
- Is there drainage?
- Have you had something like this before?
- Have you ever seen a doctor or nurse?

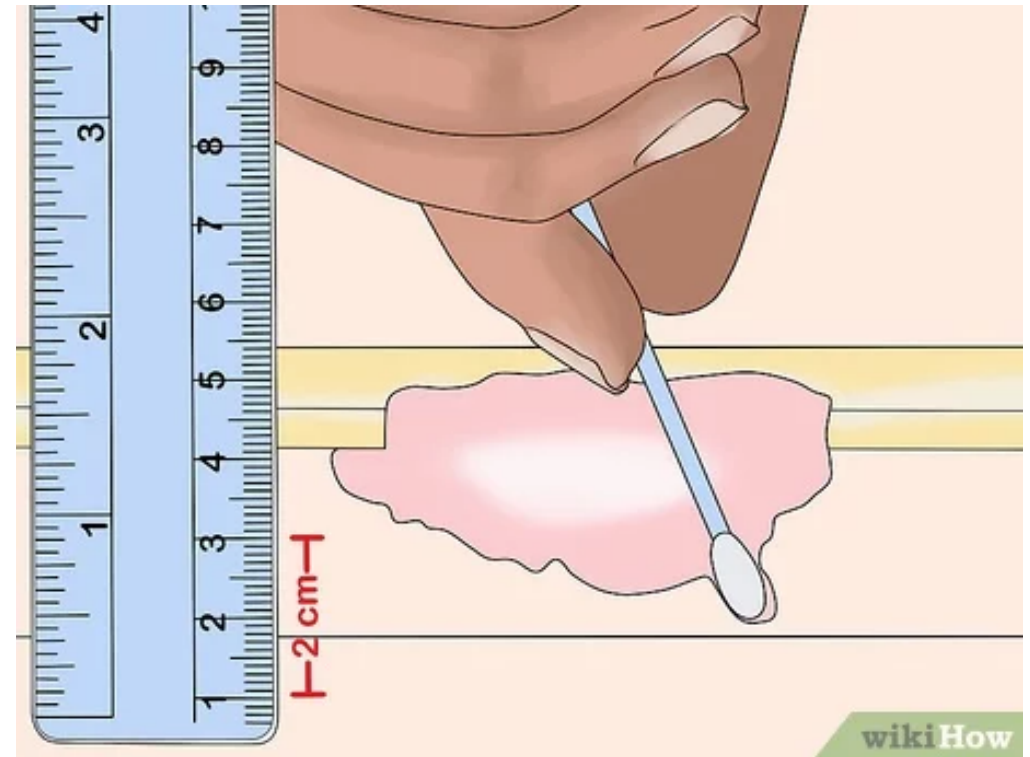


Considerations:

Is the client able to see a care provider?

Medical care is indicated if the wound has:

- Hardness (induration)
- Redness
- Warmth
- Drainage
- Depth



The purpose of wound dressing:

- Protect the wound from the environment
“cover it”
- Provide a moist wound environment – encourage wound healing
- Debridement – to pull out exudate, slough, damaged tissue
- Provider (MD, DO, NP) ordered wound care – medicated dressings that facilitate wound healing with medicated dressings – often can be left on for a couple days

Minor cuts, abrasions

Minimal to no depth to the wound

- Irrigate the wound – pour water over the wound
- Cleanse with mild soap and water
- Keep clean and dry
- Cover if needed to keep free of dirt and debris
 - If the wound becomes macerated leave open to air
 - *Maceration - soften or become softened by soaking in a liquid*



More serious wounds:

- Red, raw open wounds that are missing skin and oozing liquid – will heal with proper care
- Wounds with "slough" a white or yellow layer in the wound bed
- Dry hard open wounds with necrotic skin (black, eschar)
- Tendon and/or bone can be visualized

Keep in mind- eschar will have to be removed – by wound care or surgical debridement – it will not heal



Special considerations for suspected xylazine wounds

Do NOT obtain a wound swab culture

- “Surface cultures of such wounds, including decubitus ulcers, are not valuable, as they usually represent colonizing microbes, which cannot be differentiated from the underlying etiologic agent. Tissue biopsies after thorough debridement, or bone biopsies through a debrided site, are most valuable.” A Guide to Utilization of the Microbiology Laboratory for Diagnosis of Infectious Diseases: 2018 Update by the Infectious Diseases Society of America and the American Society for Microbiology. Clinical Infectious Diseases, Volume 67, Issue 6, 31 August 2018, Pages e1–e94

IF no active purulence or surrounding erythema or edema would not treat with systemic oral or IV antibiotics

- No role for suppression
- No role of treatment of osteomyelitis in absence of surgical plan

Debridement of necrotic tissue or eschar

SSP Wound Care Tips

Durable Dressings

- Choosing dressings that do not need frequent changes
- ACE wraps, coban to keep the dressing secured
- Individualized dressing change plans

Cleansing Tips

- Normal saline, tap water of drinkable quality and soap

Minimize Pain – patient led dressing changes, time out

- Soak dressings with normal saline before removal
- Adaptic or xeroform can help decrease pain with dressing changes

Protect wound and periwound skin

- A&D ointment, skin protectant for folks who can't change frequently



Basic Supplies (non-Rx!) Cleanse

- Saline Bullets
- Sterile Gauze
- Antibiotic ointment packets
- A&D ointment packets (periwound)
- Cotton tipped applicators



Topical ** Rx needed

ADDRESS BACTERIA

Medihoney



Silvadene



Mupirocin 2%: topical antibiotic, effective against MRSA, beta-hemolytic strep, strep pyogenes

*Contraindicated in large burns

ABSORB EXUDATE

Island Dressing ABD Pads



Calcium Alginate

Aquacel:

More absorbent than alginate

*comes with silver impregnation



DEBRIDE

Medihoney exudate



Santyl collagenase



MOIST WOUND BED

Xeroform dressing

Prevents sticking, antimicrobial

Adaptic dressing

Vaseline gauze

Prevents sticking

Medihoney

Hydrogel

Supply moisture to wounds for low-medium exudate

*can be used on necrotic tissue



Cover

Non-adherent Pads

- Scant drainage

ABD Pads

- Moderate to high drainage

Rolled Gauze

- Secures supplies, extra absorption

Surgical tape

- Preferred to paper tape

Secure



Coban

- Protects for several days
- Slight compression supports blood flow

Ace wrap

- Velcro vs. metal clasp
- can be hot in summer

Tubigrip

- “sleeve” over dressing

SOCKS!

- Shoes, clean clothing access

Client Education - early intervention

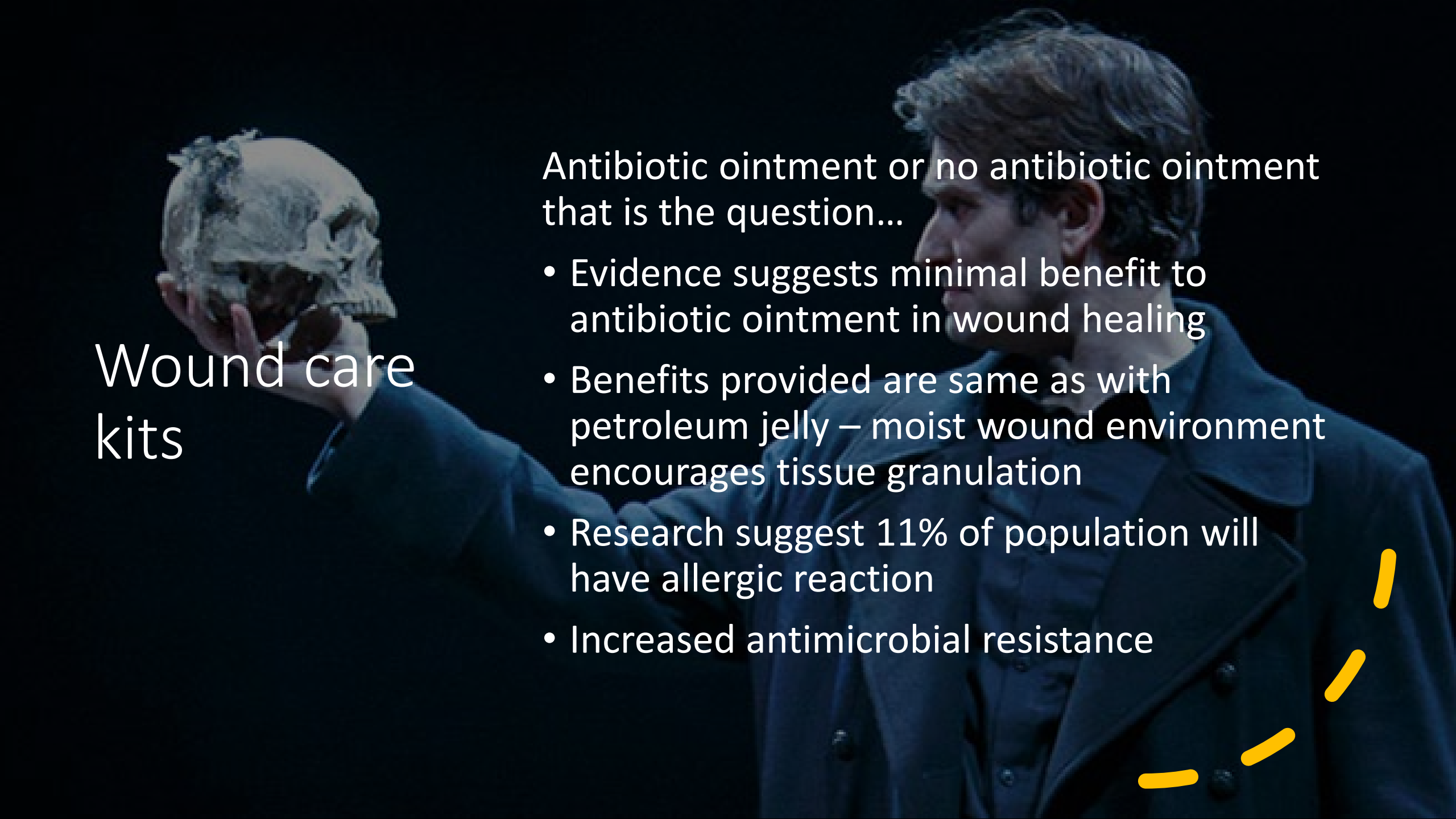
Maintaining hygiene – handwashing, cleansing wound via irrigation, gentle washing with mild soap and water – *be sure to pat dry!!* Can they see a care provider?



Medical attention – if condition worsens or doesn't improve in 3 days – need to see a care provider

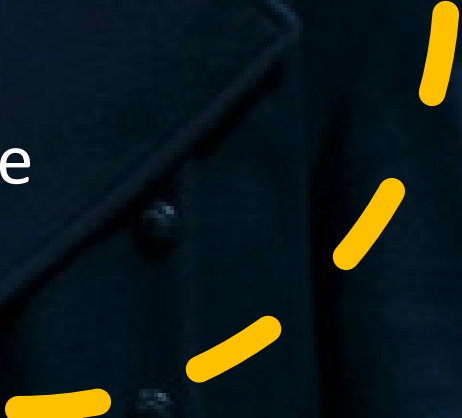


Seeing Care Provider/Nurse Practitioner now could avoid hospital stay later!

A man with dark, wavy hair, wearing a dark blue or black coat, is shown in profile from the chest up. He is holding a human skull in his right hand, with his fingers supporting the base of the skull. The background is dark and out of focus. The text 'Wound care kits' is overlaid on the left side of the image.

Wound care kits

Antibiotic ointment or no antibiotic ointment that is the question...

- Evidence suggests minimal benefit to antibiotic ointment in wound healing
 - Benefits provided are same as with petroleum jelly – moist wound environment encourages tissue granulation
 - Research suggest 11% of population will have allergic reaction
 - Increased antimicrobial resistance
- 
- A decorative graphic consisting of several short, thick, yellow dashed lines arranged in a curved, upward-pointing arc in the bottom right corner of the slide.

References:

- National Harm Reduction Coalition, (2020)
<https://harmreduction.org/issues/safer-drug-use/facts/>
- Sanchez, D. P., Tookes, H., Pastar, I., & Lev-Tov, H. (2021). Wounds and Skin and Soft Tissue Infections in People Who Inject Drugs and the Utility of Syringe Service Programs in Their Management. *Advances in wound care*, 10(10), 571–582. <https://doi.org/10.1089/wound.2020.1243>
- SAUNDERS, K. I. M. (2017). *Wound care pocket guide: Clinical reference*. PESI Publishing.