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Wound care in Nursing

Wound care is a sterile technique, so prior to its performance, hand washing and gloves must be applied. In addition, it is essential to inform the patient about the procedure (which is sometimes unpleasant or painful) and to preserve their privacy (curtains, screens ...).

Wound care will be carried out in the most appropriate position for it (depending on the location of the wound) and will depend on the characteristics of the injury: extension, depth, affected areas

Nursing performance in wound care

Leave the wound in the air. Remove the old dressing if it exists. It is advisable to moisten it to facilitate its removal without causing further damage to the wound.

Wash with soap and water and rinse thoroughly with water, then dry well.

Flush the wound with physiological saline, favoring the dragging of possible foreign materials and debris (from the center of the wound to the ends and from the cleanest to the least clean area). The use of antiseptics, which are cytotoxic to the new tissue, should be avoided, and their systemic absorption can cause problems.

For wound debridement, it will sometimes be necessary to apply topical local anesthetics to the wound bed 30 minutes prior to healing. Sharp debridement is the fastest method of removing devitalized tissue, but it is also the most aggressive and is not always suitable. In heel injuries it is not indicated.

Depending on the humidity and temperature conditions necessary for wound healing, we will use different types of dressings:

Polyurethane, hydrophilic or hydrocellular dressings. They can be used with any product such as enzymatic agents, hydrogels, antibacterials ...

Healing dressings in a humid environment, alginates, should not be used in dry necrosis or non-exudative wounds, hydrogels, hydrocolloids, polyurethanes and silver dressings.