

Management of Hard-to-Heal Wounds: Real World Implementation of Community-Based Health Care Recommendations

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Background

- Once a wound develops, patients often present to community-based health care providers for wound management.
- However, these providers may not be specialized in wound care.
- Additionally, some wounds may stall and not follow a normal healing trajectory, resulting in a hard-to-heal wound (HTHW).
- A panel meeting was held to develop recommendations and a simplified approach to wound care for community-based health care providers.¹
- These recommendations included using clinical signs to identify a HTHW, assessing the wound and periwound condition, and choosing optimal wound care products and methods based on patient and wound characteristics.¹

Purpose

- Real-world implementation of these panel recommendations is described in 3 cases.

Methods

- Patient and wound assessments were performed according to HTHW panel recommendations.¹
- Patient history, wound tissue, infection/inflammation, moisture/exudate, wound edge, wound progression, and social considerations were assessed (Figure 1).²

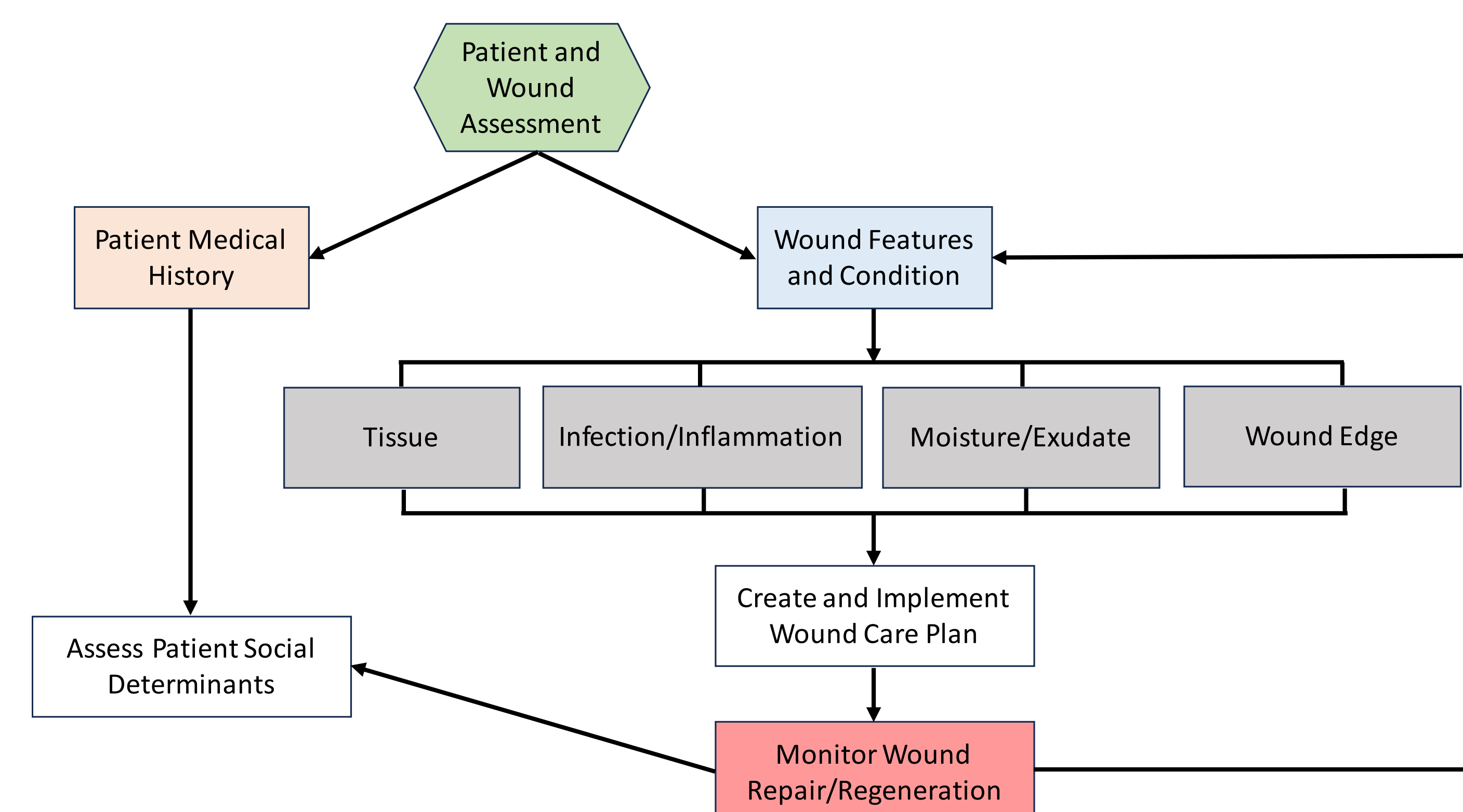


Figure 1. Flow chart of patient and wound assessment categories

Representative Cases

Case 1. An 84-year-old male presented with a degloving injury to the left anterior hand. The patient had a medical history of hypertension, type 2 diabetes, liver cirrhosis, arthritis, and congestive heart failure. Antibiotics were initiated. The wound was treated with a collagen dressing covered with a non-adherent dressing.



Box 1. Case 1 HTHW assessment

- Tissue:** Full-thickness skin tear
- Infection/Inflammation:** None
- Moisture/Exudate:** Minimal drainage, no edema
- Wound Edge:** Periwound skin intact, wound edge intact
- Repair/Regeneration:** Wound healing progressed
- Social Determinants:** None

Case 2. A 33-year-old male presented with pyoderma gangrenosum ulcers on the left leg. Previous medical history included Crohn's Disease, anemia, and use of immunosuppression medication. The wound was treated with a hydrogel dressing, gauze covering, and compression therapy. However, wound healing was not progressing. A wound biopsy was performed and the patient was referred to a wound care specialist.



Box 2. Case 2 HTHW assessment

- Tissue:** Progressing eschar/granulation
- Infection/Inflammation:** Some inflammation
- Moisture/Exudate:** Minimal drainage, trace edema
- Wound Edge:** Periwound skin intact, wound edge intact
- Repair/Regeneration:** No wound healing progression after 2 weeks
- Social Determinants:** None

Case 3. A 70-year-old male presented with a diabetic foot ulcer on the dorsal aspect of the left foot. Patient medical history included hypertension and type 2 diabetes. The wound was treated with a hydrogel dressing with gauze covering. After 14 days, wound care was transitioned to a collagen dressing with a secondary bordered foam dressing.



Figure 4A. Day 0 Figure 4B. Day 14 Figure 4C. Day 30



Figure 4D. Day 60 Figure 4E. Day 90

Box 3. Case 3 HTHW assessment

- Tissue:** Eschar
- Infection/Inflammation:** Signs of infection and redness
- Moisture/Exudate:** Minimal drainage, no edema
- Wound Edge:** Periwound skin intact, wound edge intact
- Repair/Regeneration:** Wound healing progressed
- Social Determinants:** Uncontrolled diabetes

Methods (Cont'd)

- Dressings were selected based on the wound environment, with more absorbent dressings being used for patients with higher levels of exudate.
- Dressings were changed twice per week.
- Wound healing was monitored with modifications to the wound care plan as needed.

Results

- Three males (33-84 years old) with 3 wounds (degloving injury, pyoderma gangrenosum, and diabetic foot ulcer) were treated (Boxes 1-3, Figures 2-4).
- Previous medical history included hypertension, diabetes, congestive heart failure, immunosuppressive medication, and anemia.
- All 3 patients were at risk for developing a HTHW based on their medical history and complexity of the wound.
- Wound management included collagen dressings, hydrogel dressings and compression therapy, or hydrogel dressings for 14 days followed by use of collagen dressings.
- All wounds healed 26-90 days after presentation.

Conclusions

- Following the HTHW panel recommendations, all 3 wounds were assessed, and a care plan was created based on the needs of the patient and the wound.
- Early recognition of the potential for HTHW status and a patient-centric approach resulted in all 3 wounds fully healing within 90 days of presentation.
- These positive clinical outcomes support the use of a simplified approach to wound care that may be easily implemented in the community health care environment.

References

- Beeckman D, Cooper M, Greenstein E, et al. *Int Wound J.* 2023; doi:10.1111/iwj.14402.
- Atkin L, Bucko Z, Conde Montero E, et al. *J Wound Care.* 2019;23(Sup3a):S1-S50. doi:10.12968/jowc.2019.28.Sup3a.S1.