

## Wound Assessment Chart

### Discuss the following questions.

- What is your experience of treating animal bites or wounds?
- What complications can arise?
- How can these complications be avoided?

**Gary Stephens has presented to accident and Emergency with a severe dog bite wound. Read the conversation between Gary and two A and E nurses, Kristina and Judy and answer the following questions.**

**Kristina:** Hello, Gary, isn't it? I'm Kristina and this is Judy.

**Judy:** Hi.

**Kristina:** How are you doing?

**Gary:** Not too bad now. I've had something for the pain, so it's bearable now.

**Kristina:** That's good. You've had a tetanus shot, too. We'll clean up the wound for you now. I'll leave you with Judy and she'll do the dressing for you.

**Gary:** Ok, thanks. It looks pretty awful, doesn't it?

**Judy:** It was a nasty bite, especially with those puncture wounds. Kristina, what do you suggest I clean the wound with?

**Kristina:** It's best to flush it with lots of Normal Saline before you do the dressing. We do that first, Gary, because it reduces the risk of infection. Even though only fifteen to twenty per cent of dog bites get infected, puncture wounds like yours have a greater chance of infection. You'll be prescribed some antibiotics to take at home, too.

**Gary:** Speaking of going home, can you give me some advice on looking after this at home?

**Kristina:** Sure. The wound will be left open, it won't be sutured. Gary, because it heals better if it's left open not stitched closed. I'd like you to keep the dressing clean and dry and come to Outpatients to have the dressing changed daily. I'll get you an appointment card while Judy's doing the dressing for you.

**Gary:** All right. What should I do about the antibiotics?

**Kristina:** You'll be prescribed some antibiotics by the doctor a bit later. You'll get a script which you can take to the hospital pharmacy to be filled. Make sure you take the whole course of the antibiotics. That's very important. Is there anything else you were concerned about?

**Gary:** Oh, just one thing. Should I get a medical certificate? It looks like I might be off work for a couple of days.

**Kristina:** Yes, that'd be a good idea. I'll ask the doctor on duty to write one for you.

### Discussion

- What kind of dog bites are serious infection risks?
- How will Gary's wound be treated?

## Wound Assessment Chart

The conversation contains several examples of asking for and giving advice. Read again and match the requests (1-4) to the advice (a-d).

- |   |   |
|---|---|
| 1) Kristina, what do you suggest I clean the wound with?      | a) Sure. I'd like you to keep the dressing clean and dry and come to Outpatients to have the dressing changed daily.                              |
| 2) Can you give me some advice on looking after this at home? | b) Yes, that'd be a good idea.  |
| 3) What should I do about the antibiotics?                    | c) It's best to flush it with lots of Normal Saline before you do the dressing.   |
| 4) Should I get a medical certificate?                        | d) You'll be prescribed some antibiotics by the doctor a bit later. You'll get a script which you can take to the hospital pharmacy to be filled. |

Jennifer, the Ward Nurse, is handing over Gary Stephens to the afternoon shift. Read the handover and put the following stages described in the handover in the correct order.

**Jennifer:** Ok, moving on to Gary Stephens in bed 17. Does everyone know Gary? He was attacked in the street by a dog two weeks ago. Initially he went to A and E and was treated there. He had some deep puncture wounds in his left calf and was in a lot of pain.

**Brian:** The dog bit him twice, didn't it?

**Jennifer:** Yeah, and bit him quite deeply. As I said, he went to A and E, the wound wasn't sutured but kept open as per the protocol for dog bites with puncture wounds. Gary was given a tetanus shot and sent home with instructions to come to the dressing clinic everyday to have the dressing changed. Unfortunately, he tried to do it himself and now he has an infection in the wound and has been admitted to hospital for treatment. Actually, it's quite a bad infection. The wound smells quite a bit.

**Brian:** So what are we doing with the wound now?

**Jennifer:** Right. He had a wound review yesterday, as the wound had to be reassessed. The edges weren't healing because of the infection. The wound is quite sloughy, too, but it isn't necrotic. The surrounding skin is a little inflamed so he was started on IV antibiotics yesterday. It was decided to debride the wound in line with wound bed preparation guidelines. You all went to the CPD session on that last week, didn't you?

**Felicity:** Yeah, everyone went and I've put the guidelines up in the Treatment Room.

**Jennifer:** Oh, that's good. He went, this morning for a surgical debridement of the wound and came back around 2 pm. He's feeling OK after the debridement; it's not too sore. There's a small amount of purulent ooze. There's just a little pus in the center of the wound. The wound has an antimicrobial dressing over it, which is to remain intact until tomorrow. After that, it'll need a daily dressing, please.

**Brian:** Ok, that's good. And he'll have an assessment by the Vascular Team on Monday, right?

**Jennifer:** Yes, that's right.

- Gary was started on IV antibiotics to clear up the infection in the wound.
- He is in for a review by the Vascular Team on Monday.
- The wound was surgically debrided this morning.
- Gary Stephens sustained some deep puncture wounds in his left calf after a dog bite.
- He was treated in A and E and discharged home.
- Gary returned to the ward with an antimicrobial dressing which will be re-dressed tomorrow.
- The wound was reassessed yesterday.
- The wound became infected and he has returned to hospital.

## Wound Assessment Chart



### Match the medical terms (1-12) to their meanings (a-l)

- |                                |  |
|--------------------------------|--|
| 1) Granulated                  | a) With yellowish fluid or blood serum                                 |
| 2) Sloughy                     | b) Adding moisture to something  |
| 3) Macerated                   | c) A dressing which does not stick to the wound                        |
| 4) Inflamed                    | d) Contains dead tissue which falls off a wound during an infection    |
| 5) Serous                      | e) The dressing is sealed and cannot be lifted off for viewing         |
| 6) Haemoserous                 | f) Full of pus, a yellow or green discharge found in an infected wound |
| 7) Purulent                    | g) Containing connective tissue found in healing wounds                |
| 8) Odour                       | h) Something which treats infective microorganisms                     |
| 9) Non-adhesive dressing (NAD) | i) Softened because of excess moisture                                 |
| 10) Antimicrobial              | j) Yellowish is fluid tinged with red blood cells                      |
| 11) Hydrating                  | k) Red and swollen because of infection                                |
| 12) Intact wound               | l) Smell (unusually pleasant)  |