Clinical Question??? Moist Dressing's and Wound Care

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Solution of the end o	Applications to Practice			Common Moist	Alginate
	Pro's of Wet Dressings	Why it's Good	Implication to Practice	Dressings	
	Increase in healing rate through autolysis $f(x) = \frac{1}{2} \int_{\mathbb{R}^{2}} \int_{\mathbb{R}^{2$	Wet dressings enhance spontaneous autolysis and create the proper environment for debridement by phagocytic cells, aiding in the formation of granulation tissue.	Autolytic debridement can be performed by means of moist dressings, such as hydrogels and hydrocolloids. They increase the moisture within the wound, which makes the gel effective in enhancing debridement by activating the de-sloughing process and removing devitalized tissue in dry necrotic wounds	Hydrofiber	Hydrogel Foam
	Decreased risk of infectionInfected AreaUnified Area <td< td=""><td>Autolytic debridement increases the speed of wound healing, thus reducing the risk of infection When the wound bed is moist, polymorphonuclear (PMN) leucocytes are able to infiltrate the wound and help defend the host from infection; in a dry wound this does not happen</td><td> -Reduced costs through reduced prescribing of antibiotics, analgesia, and use of expensive dressings -Reduced infection rates, therefore less need for patient isolation Improved quality of life due to less pain, trauma and stress -Reduced infection and less need for antibiotics or analgesia, therefore less side-effects of medication Shorter stay in a healthcare facility </td><td colspan="2" rowspan="2"> (ATI, 2017) Conclusion The accelerated healing process moist dressing provides leads to fewer complications, shorter hospital stays and a reduced cost of care. therefore the research toward ensuring best practice recommends the use of moist dressing for partial and full thickness wounds References Benbow, M. (2008). Exploring the concept of moist wound healing and its application in practice. British Journal Of Nursing, 17(15), S4-16. Dressing and bandage types. (n.d.). Retrieved March 12, 2017, from http://www.atitesting.com/ati_next_gen/skillsmodules/content/wound- care/equipment/dressing and bandage types.html Halim, A. S., Khoo, T. L., & Mat Saad, A. Z. (2012). Wound bed preparation from a clinical perspective. Indian Journal Of Plastic Surgery, 45(2), 193-202. Lewis, S. M., Barry, M., Goldsworthy, S., & Goodridge, D. (2014). Medical-surgical nursing in Canada: assessment and management of clinical problems. Inflammation and Wound Healing pg. 248-271.Toronto: Elsevier Ripon, M., Davies, P., & White, R. (2012). Taking the trauma out of wound care: the importance of undisturbed healing. <i>Journal Of Wound Care</i>, 21(8), 359-368 Stater, M. (2008). Does moist wound healing influence the rate of infection?. British Journal Of Nursing, 17(20), S4-15. </td></td<>	Autolytic debridement increases the speed of wound healing, thus reducing the risk of infection When the wound bed is moist, polymorphonuclear (PMN) leucocytes are able to infiltrate the wound and help defend the host from infection; in a dry wound this does not happen	 -Reduced costs through reduced prescribing of antibiotics, analgesia, and use of expensive dressings -Reduced infection rates, therefore less need for patient isolation Improved quality of life due to less pain, trauma and stress -Reduced infection and less need for antibiotics or analgesia, therefore less side-effects of medication Shorter stay in a healthcare facility 	 (ATI, 2017) Conclusion The accelerated healing process moist dressing provides leads to fewer complications, shorter hospital stays and a reduced cost of care. therefore the research toward ensuring best practice recommends the use of moist dressing for partial and full thickness wounds References Benbow, M. (2008). Exploring the concept of moist wound healing and its application in practice. British Journal Of Nursing, 17(15), S4-16. Dressing and bandage types. (n.d.). Retrieved March 12, 2017, from http://www.atitesting.com/ati_next_gen/skillsmodules/content/wound- care/equipment/dressing and bandage types.html Halim, A. S., Khoo, T. L., & Mat Saad, A. Z. (2012). Wound bed preparation from a clinical perspective. Indian Journal Of Plastic Surgery, 45(2), 193-202. Lewis, S. M., Barry, M., Goldsworthy, S., & Goodridge, D. (2014). Medical-surgical nursing in Canada: assessment and management of clinical problems. Inflammation and Wound Healing pg. 248-271.Toronto: Elsevier Ripon, M., Davies, P., & White, R. (2012). Taking the trauma out of wound care: the importance of undisturbed healing. <i>Journal Of Wound Care</i>, 21(8), 359-368 Stater, M. (2008). Does moist wound healing influence the rate of infection?. British Journal Of Nursing, 17(20), S4-15. 	
	Less trauma on wound bed	Moist dressings are more conformable to wound then dry dressings, which promotes healing newly-formed tissue may become incorporated into the structure of the wound dressing. the early provisional wound matrix and granulation tissue are fragile and prone to trauma, increasing risk of trauma in dry dressed wounds. (Slater, 2008)	 tissue disturbance and trauma occurs during the removal of dressings that become adherent to wounds, which cause a high level of pain in patients during dressing changes, removal of these dried dressings from wounds is considered to be one of the most painful procedures in wound care. (Benbow, 2008) 		