



# Wound up for Wounds

Issue 11 | June 2023

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## Visit Wound Care Web

Page: <https://home.wrha.mb.ca/clinical-initiatives/wound-care/>

### *Wound up (verb. To be excited) for Wounds (noun. Injuries to living tissue)*

Welcome to the June 2023 edition of Wound up for Wounds. It has been two years since we published a newsletter and I am thrilled to provide updates about the wound care portfolio.

My team, Collaborative Practice said good-bye to our Director Carrie Fruehm in January when she assumed the position of President and Chief Operating Officer at Concordia Hospital. Adrian Salonga Executive Director, Continuing Care stepped up as our Interim Director until Stephen Diakow started at the beginning of June. It has been a pleasure to have worked with Carrie and Adrian and I am looking forward to working with Stephen.

Collaborative Practice is comprised of the Professional Leads for Nursing, Spiritual Health, Physiotherapy, Speech Language Pathology, Respiratory Therapy, Social Work, and Occupational Therapy. Our team includes Regional Emergency and Surgery Educators, Regional Manager of Audiology and Pediatric Speech Language Pathology Services and it liaises with Regional Managers for Clinical Nutrition and Pharmacy. Wound Care and two administrative assistants complete the group.

As you will read on page 9, I have two first year Master of Occupational Therapy students working alongside me and in their article they outline some of the projects being completed. The other exciting initiatives we are working on are:

- Ankle Brachial Pressure Index and Toe Pressure Certification Course. We are currently developing a model for how this course will be delivered which will include instruction and mentorship
- Conservative Sharp Wound Debridement. This course will be offered in the future as a micro-credential, which is a post diploma/degree upskilling certificate awarded by Extended Education at the University of Manitoba. Currently Extended Education is working with administration at University of Manitoba to obtain approval for the course. This course will be available on-line with a requirement to attend a skills laboratory and to complete mentorship.

Enjoy the summer, stay safe!  
Jane McSwiggan MSc, OT Reg. (MB), IIWCC  
Education and Research Coordinator-Wound Care



## Did you know?

In Manitoba, Stages 3, 4 and unstageable pressure injuries are critical incidents if they meet the criteria. Stage 1 and Stage 2 Pressure Injuries are occurrences.

Please report using RL6 or call the Critical Incident Reporting and Support Line (24 hours) at 204-788-8222.

Further information: [Patient Safety Event Learning | Quality Improvement & Patient Safety |](#)

# Therapeutic Sleep Surfaces: Happy skin & a good night's rest

Kim Baessler, OT Reg. (MB), IIWCC, Program Consultant, Home Care Equipment and Supplies/Wheelchairs

## What is a Therapeutic Sleep Surface (TSS) ?

A **therapeutic sleep surface** or **support surface** is a special mattress for pressure redistribution and management of tissue loads, microclimate and/or other therapeutic functions.<sup>1</sup>

Support surfaces reduce the incidence of pressure injuries or facilitate wound healing when compared to standard mattresses.<sup>1</sup> Studies have not shown that any particular type of support surface is superior to others. There is no “best mattress” for all clients.

Mattress selection should be based on a comprehensive assessment and multidisciplinary team approach to ensure the appropriate mattress is chosen for each client's needs.

## How will a support surface help my client?

The goal of using a support surface is to decrease one or more of the forces that may lead to a pressure injury such as pressure, shear, friction and microclimate (heat and/or moisture).

The clinician's assessment, which may include a pressure risk assessment tool will assist in identifying the client's individual risk factors and will guide in mattress selection.

## What do all the different terms mean? (terms in bold type are defined)

Therapeutic sleep surfaces are divided into two main categories: **Reactive** or **Active**.

**Reactive** mattresses work by **immersion** or **envelopment** of the client and react to a client's weight and/or movements. They may be powered or non-powered, made of foam, gel, air, or a combination of materials, and also referred to as static or constant low pressure mattresses.

**Active** mattresses change the weight load distribution by a programmed cycle of air cells inflating and deflating. These small movements aid in facilitating blood flow by off-loading pressure for a short period of time. They are always powered and always partially air filled, and may also be called dynamic mattresses or alternating pressure mattresses.

In addition, lateral rotation is a type of alternating pressure in which the support surface provides slight rotation through the inflation/deflation cycle on a longitudinal axis (head to toe).

## Other definitions:

- **Standard mattress** is a mattress not intended to prevent or treat pressure ulcers.
- **Immersion** is how deep a client sinks into the mattress causing the force to be spread over a larger area of the body resulting in a decrease in pressure on a small area.
- **Envelopment** is the ability of the mattress to conform to the curves of the body which allows the force to be spread over a larger body area in order to decrease the pressure on a small area.
- **Low air loss** is a feature of a support surface that provides a flow of air to assist in managing the heat and humidity (microclimate of the skin).<sup>2</sup>
- **Closed vs Open Cell foam:** closed cell foam is non-permeable or has a barrier between cells, preventing gases or liquids from passing through the foam while open cell foam is permeable with no barriers. Open cell foam will assist with microclimate control as it allows air flow.

# Therapeutic Sleep Surfaces: Happy skin & a good night's rest

## Considerations

Pressure injuries on the heels need to be considered independent of the support surface. The use of a wedge-shaped cushion to float the heels off the bed is more effective in reducing the incidence of pressure injuries than the use of a standard pillow.<sup>3</sup>

A therapeutic support surface does not substitute for turning schedules as mattresses are not a stand-alone intervention for prevention and treatment of pressure injuries. Use them in conjunction with proper nutritional support, moisture management, incontinence management, skin care and education of client and their circle of care.

Remember that not all foam mattresses are created equal! High-specification foam mattresses are more effective in reducing the incidence of pressure injuries in persons at risk than standard foam mattresses.<sup>1</sup> High specification foam mattresses are mattresses that meet certain criteria such as minimum depth, resilience, density, support factor and moisture vapor transmission rates for the covers.<sup>5</sup>

Ensure that transfers and mobility are included as part of the assessment for mattress selection. For example, a mattress may make the bed height too high or too slippery for a safe independent transfer, or a mattress that allows a lot of immersion may make bed mobility more difficult for some clients.

Make sure to be familiar with the mattress your client is on including any and all features of it. Ensure if mattress is powered that the settings are set appropriately after each visit. Choose a bed frame that minimizes the risk of entrapment, the risk of entrapment exists when the support surface is not the same size as the bed frame. Minimize the risk of entrapment by selecting a surface that has a transfer border as it may be less likely to compress. Evaluate the use of bed rails as the risk may be reduced when bed rails are not in place.<sup>4</sup>

Therapeutic Sleep Surfaces are part of 24 Hour Pressure Management, therefore assess pressure on all surfaces that the client uses over the 24 hour period including slings, sliding boards, wheelchairs, bath seat, toilet seats/commodes, recliner chairs, couches and car seats. Minimize layers under clients (soakers, sheets, etc.) to optimize pressure relief benefits of mattress.

## References

McNichol L, Watts, C, Mackey, D, Beitz, J and Gray, M. Identifying the Right Surface for the Right Patient at the Right Time: Generation and Content Validation of an Algorithm for Support Surface Selection. *Journal Wound, Ostomy and Continence Nursing*. 2015.

NPUAP. *Terms and Definitions Related to Support Surfaces*, 2007.

Norton L, Parslow N. *Best Practice Recommendations for the Prevention and Management of Pressure Injuries*. Wounds Canada. 2017

Registered Nurses' Association of Ontario (2016). *Assessment and Management of Pressure Injuries for the Interprofessional Team*, Third Edition. Toronto, ON: Registered Nurses' Association of Ontario.



## Therapeutic Sleep Surfaces Resources

Want to know more about therapeutic sleep surfaces and best practices? Check out the links below!

- **Cochrane Library**

[https://www.cochrane.org/CD009490/WOUNDS\\_support-surfaces-treating-pressure-ulcers](https://www.cochrane.org/CD009490/WOUNDS_support-surfaces-treating-pressure-ulcers)

- **Wounds International**

<https://www.woundsinternational.com/resources/details/how-to-guide-selecting-a-support-surface>

- **National Pressure Injury Advisory Council**

<https://npiap.com/page/S3I>

# WRHA Wound Care Resources

## Evidence Informed Practice Tools – Wound Care

Evidence Informed Practice Tools –Wound Care are available on WRHA website Click [Here](#). for access. Below are some examples of the Practice Tools available on the website:

- [Diabetic Foot Ulcer](#)
- [Malignant Fungating Wounds](#)
- [Pressure Ulcer](#)
- [Pilonidal Sinus Wounds](#)
- [Conservative Sharp Wound Debridement \(CSWD\) in Adults and Children](#)
- [Preventing Medical Treatment Related Skin and Tissues Injuries in Adults and Children](#)
- [Silver Based Dressings](#)
- [Wound Bed Preparation](#)
- [Skin and Wound Photographic Recordings](#)
- [Venous, Arterial, and Mixed Lower Leg Ulcers](#)
- [Negative Pressure Wound Therapy Guidelines](#)
- [Prevention and Management of SSI and Open Surgical Wounds](#)

## NEW - WRHA Wound Care Web Page on INSITE

The WRHA wound care webpage is a comprehensive resource for all things related to wound care. The webpage includes evidence-informed practice tools, enablers, reference guides, and resources for various wound types.

The wound care webpage is accessible through the WRHA Insite page under the “Browse Insite A-Z” tab or using this link: <https://home.wrha.mb.ca/clinical-initiatives/wound-care/>

Soon to be added to this webpage is a new *Diabetic Offloading Equipment and Funding* document which covers information on funders, coverage, prescribers, providers, replacement guidelines, and list of certified orthotic & prosthetic clinics in Winnipeg for offloading equipment used for clients with diabetes.

If you do not have access to the wound care webpage through the WRHA intranet and you would to know more about the resources, contact Jane McSwiggan [jmcswiggan@wrha.mb.ca](mailto:jmcswiggan@wrha.mb.ca)

## WRHA Advanced Wound Care Scholarship 2023

Congratulations to the recipients of this year’s Advanced Wound Care Scholarship!

- **Camille Meub**  
Clinical Nurse Specialist, Deer Lodge Centre, Middlechurch Home and River Park Gardens
- **Emmanuel Magalong**  
Clinical Resource Nurse, Misericordia Health Centre



# New Tool for your Toolkit



Winnipeg Regional Health Authority  
Office régional de la santé de Winnipeg  
Caring for Health À l'écoute de notre santé

## CERTIFIED FITTERS FOR GRADUATED COMPRESSION STOCKINGS

### **Anderson Orthopedics**

1818 Portage Avenue  
(204) 837-7190  
Monday – Friday: 8:00 AM – 4:30 PM  
Certified Fitter: Patrick

### **Canadian Footwear (Foot Health Centre)**

128-A Adelaide Street  
(204) 944-7463  
Monday – Saturday: 9:00 AM – 6:00 PM  
Sunday: 12:00 PM – 5:00 PM  
Certified Fitters: Laurie & Zipporah

### **Diamond Athletics**

Unit 185- 75 Poseidon Bay  
(204) 488-7820  
Monday – Friday: 8:30 AM – 6:00 PM  
Saturday: 10:00 AM – 4:00 PM  
Certified Fitters: Claire, Jenny, Jessica, Kim, Dayna, Megan  
*Home visits available*

### **Healthy Strides Ltd.**

200 Marion Street  
(204) 233-5444  
Monday – Friday: 8:30 AM – 4:30 PM  
Certified Fitter: Jennifer  
*Home visits available*

### **HT Mobility**

Unit A - 451 Henderson Hwy  
(204) 668-6111  
Monday – Friday: 8:30 AM – 4:00 PM  
Saturday: 10:00 AM – 3:00 PM  
Certified Fitter: Lisa  
*Home visits available*

### **Liberty Athletic + Medical Supplies**

264 Taché Avenue  
(204) 272-9640  
Monday – Friday: 10:00 AM – 6:00 PM  
Saturday: 10:00 AM – 2:00 PM  
Certified Fitter: Taylor  
*Home visits available*

### **Motion**

Unit 6 - 3166 Portage Ave  
(204) 832-9963  
Monday – Friday: 8:30 AM – 5:00 PM  
Certified Fitters: Jenny & Kaitlyn  
*Home visits available*

### **Munroe Pharmacy**

Unit 6- 409 Taché Avenue (Located in St. Boniface Hospital)  
(204) 560-4600  
Monday – Friday: 8:30 AM – 5:30 PM  
Weekends & Holidays: 12:00 PM – 4:00 PM  
Certified Fitters: Jessica, Michelle, Alana  
*Home visits available*

### **Reliable Mobility**

1046 Portage Avenue  
(204) 774-6322  
Monday – Friday: 9:00 AM – 5:00 PM  
Certified Fitters: Anita, Janice, Rose  
*Home visits available*

### **Steven's Home Medical Supplies Store**

700 William Avenue (Located in Health Sciences Centre)  
(204) 787-3532  
Monday-Friday: 8:00 AM – 5:00 PM  
Certified Fitter: Vira

### **Taché Pharmacy & Medical Supplies**

400 Taché Avenue  
(204) 233-3469  
Monday – Friday: 9:00 AM – 6:00 PM  
Saturday: 9:30 AM – 3:30 PM  
Certified Fitters: Robin & Colleen  
*Home visits available*

**\*\*Note:** All vendors fit for lymphedema





# Wounds Canada Conference

## REGISTER FOR OUR **2023 CONFERENCE EVENTS!**



### **National Conference - September 28-30, 2023**

The Wounds Canada National Conference is the largest wound-related event in Canada, bringing together health-care professionals, educators and key opinion leaders in both a **virtual and on-site** gathering in Niagara Falls. This hybrid continuing education event is designed to support health-care professionals who work with patients with wounds or who are at risk for developing wounds. Both conference formats will be available for those who are able to join us in Niagara Falls and for those who prefer to meet virtually.

### **Pressure Injury Symposium - November 16, 2023**

The Pressure Injury Symposium coincides with the recognition of World Wide Pressure Injury Day on Thursday, November 17, 2022. This **virtual** event will examine the risks and causes along with the multi-disciplinary comprehensive management of pressure injuries by dietitians, nurses, surgeons, physicians and physiatrists to develop strategies, overcome barriers and improve patient outcomes. Join us for this one-day virtual learning event with co-chairs Dr Alan Rogers and Stephanie Chadwick.

**Register for Wounds Canada National Conference & Pressure Injury Symposium 2023 at:**  
[Home - Wounds Canada](#)

# Practice Corner: Wound Healability

Wound healing is a complex and dynamic process, with the potential for the wound environment to change with the shifting health status of an individual. Understanding the healability of a wound is a key factor to guide the creation of a care plan that includes realistic goals. The status of a wound should be documented and communicated to the health care team and patient to ensure optimal interventions are implemented.

Wounds can be classified as healable, maintenance, or non-healable/palliative wounds as follows:

## Maintenance wounds:

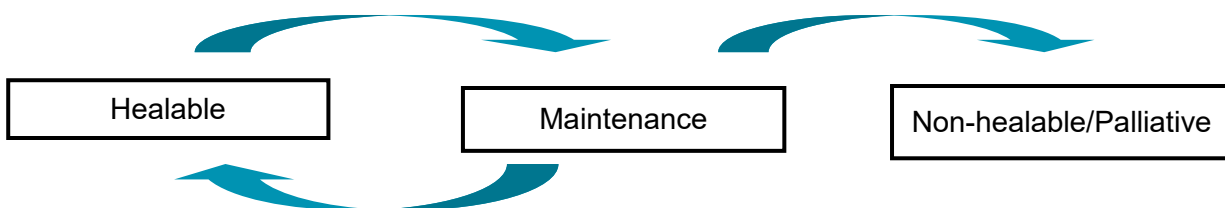
- On the first encounter, most wounds would be considered maintenance wounds. The wound requires further assessment of vascular supply, comorbidities, resources available, and person-centered factors. Intervention is based on assessment to determine that the wound can be “tipped” into healable trajectory.

## Healable wounds:

- When a wound is “tipped” into a healable state, corrective wound care can be utilized to manage the wound and to promote recovery. Identifying a wound as healable involves successfully managing person factors, and comorbidities, and ensuring the patient is an active member of the healing process.

## Non-healable/Palliative wounds:

- When a wound is “tipped” into a non-healable state, factors that do not maximize healing are present such as poor vascular supply, lack of accessibility to treatment, and disease processes and person factors that preclude healing. Clinicians should not use corrective wound care interventions as the wound will be unresponsive to this type of intervention.



Wound healability is a complex process and is a trajectory; wound assessment will inform interventions based on changes to the wound and patient status. Below is a list of some factors that are associated with the three stages of healability.

Healable	Maintenance	Non-Healable
Vascular supply intact	Vascular supply intact /awaiting vascular	Poor /absent vascular supply
Cause of wound can be identified and corrected	Person unable to follow wound treatment plan	Malignant wounds
Person factors and medical co-morbidities can be managed	Wound needs intervention, such as debridement, treatment of infection	Person factors that maximize healing are not possible
Treatments can be accessed	Medical conditions not optimized for healing	Disease processes preclude healing

## References

Orsted, H., Keast, D., Forest-Lalande, L. & Francoise, M. (n.d.). Basic Principles of Wound Healing. *Wounds Canada*, 9(2). <https://www.woundscanada.ca/docman/public/wound-care-canada-magazine/2011-vol-9-no-2/424-wcc-spring-2011-v9n2-principles-wound-healing/file>

Sibbald, R. G. (2021). Wound Bed Preparation 2021. *Advances in Skin & Wound Care*, 34(4), 183-195. <https://doi.org/10.1097%2F01.ASW.0000733724.87630.d6>


# Wound Care Enabler Series

There are 9 evidence informed practice enablers that can be found on the WRHA Insite page. They provide quick guidelines to various wound care assessment and treatment topics.

## List of the complete enabler series:

1. Choosing an Antimicrobial Dressing
2. Sub-Bandage Pressure and Lower Leg Compression
3. Wound Irrigation
4. Heel Pressure Injury Prevention Algorithm
5. NERDS and STONEES
6. Use of Foam Dressings with Diabetic Foot Ulcers
7. Wound Exudate
8. What does and does not go under

Here is a highlight of Enabler #5: NERDS and STONEES to reiterate the importance of evaluating for a superficial and a deep and surrounding infection which influences the healing trajectory of the wound.

 Winnipeg Regional Health Authority / Office régional de la santé de Winnipeg / Centre for Health / À l'écoute de notre santé

## Wound Care Enabler Series

### Enabler # 5 ASSESSING FOR WOUND INFECTION

1. Assess for clinical signs Superficial Wound Infection

Superficial Infection → 3 or more NERDS<sup>1</sup> = No swab + Antimicrobial Dressing

Non-Healing wound:	Wound is not healing in 2-4 weeks
Exudate is increased:	You notice more exudate on dressing
Red friable tissue:	Granulation tissue is not healthy and bleeds easily
Debris:	You see slough and/or eschar in the wound
Smell:	Still smelly after you clean it

↓

2. Assess for clinical signs of Deep & Surrounding Wound Infection

\*Deep & Surrounding Infection → 3 or more STONEES<sup>1</sup> = Swab + antimicrobial dressing + antibiotics

Size is bigger:	Wound measurements show wound is larger
Temperature is increased:	Increased peri-wound temp > 3° F compared to 2 mirror image areas
Os:	Wound probes to bone/exposed bone in wound
New breakdown:	New/Satellite areas of breakdown
Exudate is increased:	You notice more exudate on dressing
Erythema/Edema:	You note peri-wound to be red +/- swollen
Smell:	Still smelly after you clean it

Intervention: <sup>1,2</sup>

- Antimicrobial dressings: 2 week challenge
- Antibiotic per protocol
- Re-evaluate infection using NERDS and STONEES at each dressing change

\*Special Considerations in Diabetes: <sup>3</sup>

- Deep & surrounding foot infections lead to limb loss
- Red flags: In addition to STONEES, pain in an insensate foot, flu-like symptoms, erratic glucose control

1. Woo, K.Y., & Sibbald, R.G. (2009). A cross-sectional validation study of using NERDS and STONEES to assess bacterial burden. *Ostomy Wound Management*, 55(8), 40-48.  
2. Edwards-Jones, V., Flanagan, M., & Wolcott R. (2015). Technological advancements in the fight against antimicrobial resistance. *Wounds International*, 6(2), 47-51.  
3. Registered Nurses' Association of Ontario (2013). *Assessment and Management of Foot Ulcers for People with Diabetes* (2nd ed.). Toronto, ON: Registered Nurses' Association of Ontario

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## Introducing Joshua and Lauren: Student Occupational Therapists

I (Jane) am currently the educator for Joshua Orcullo and Lauren Warkentin who are first year Master of Occupational Therapy students. It is always a great honour and pleasure to have students in the wound care portfolio and they have quickly become my colleagues in this busy area. Joshua and Lauren have embraced the concept of Health Care Professionals being the client in this setting and both been busy taking and teaching wound care courses. They have been active committee members in the Pressure Injury Prevention Strategy Project and content authors for the new Level 1 Wound Care Course.

### Joshua Orcullo

I am a first-year student occupational therapist at the University of Manitoba completing an 8-week collaborative placement with my peer Lauren Warkentin and my educator Jane McSwiggan. My background includes a Bachelor's degree majoring in Psychology from the University of Winnipeg. My placement at the WRHA has provided me with extensive knowledge about wound care, interactions within an interdisciplinary team, and insight into the OT role in a corporate setting that will translate well into my future practice.

#### **Fun facts about Josh:**

*Favourite occupation:* Traveling

*Favourite wound care course:* Level 2– Adult Pressure Injuries

*Favourite part of placement:* Coffee/tea Fridays with Jane



Joshua Orcullo

First year Master of Occupational Therapy Student, U of M.

### Lauren Warkentin

I am a first-year student occupational therapist completing the Master of Occupational Therapy program at the University of Manitoba. I am pleased to be working alongside Joshua Orcullo and Jane McSwiggan for my 8-week Intermediate I fieldwork placement. My background includes a degree in kinesiology from the University of Manitoba. This placement has exceeded my learning expectations. My knowledge of wound care and the role of an occupational therapist within a corporate setting has increased exponentially and will be an excellent asset as I continue in my career.

#### **Fun facts about Lauren:**

*Favourite occupation:* Hockey

*Favourite wound care course:* Level 2– For Occupational Therapists and Physiotherapists

*Favourite part of placement:* Working alongside a variety of healthcare professionals



Lauren Warkentin

First year Master of Occupational Therapy Student, U of M.

## Introducing Joshua and Lauren: Student OTs (Cont.)

### Level 1 Wound Care Course Re-Development

Our time at the WRHA has been exceptional. We have been involved in the process of various projects during our time here. Notably, one of the bigger projects is helping re-develop the Level 1 Wound Care Course. It was a priority for this course to be comprehensive but concise to better prepare healthcare professionals in the prevention, identification, assessment, and treatment of wounds. So far, Module 1: Wound Prevention and Module 2: Types of Wounds are complete. Our current focus is on updating the content for Module 3: Wound Assessment. Wound assessment can be challenging to understand for beginners therefore this module has required a lot of brainstorming to ensure the material is presented in way that is easy for learners to comprehend. We believe incorporating more interactive elements within the course will enhance individual's learning and understanding of wound assessment. In the coming weeks, we have been tasked with connecting with clinicians to create a video example of a wound assessment. We hope this will help solidify the content taught within the module. Stay tuned for when this new course will be launched!

### Pressure Injury Prevention Strategy (PIPS) Project

Another project we are assisting with is the WRHA PIPS project. The goal of this project sponsored by the WRHA Senior Executive Team in partnership with Health Sciences Centre is to reduce harm through focused improvement in Pressure-Related Skin Care issues and identifying other drivers of hospital-acquired conditions. This project involves four working groups, including data and reporting; prevention strategies; standardized tools; and dissemination and implementation. Working Group 1: Data and Reporting has begun reviewing pressure injury data from across the region and identifying reports to establish trends through key performance indicators. In our role in Working Group 2: Prevention Strategies, we have liaised with healthcare professionals from various sites to collect pressure injury prevention resources that are used at their sites. Based on the resources provided, we conducted a meta-analysis of 148 documents from 13 WRHA sites. Current findings show that the primary resources utilized by the sites were in the form of assessment tools/forms, and infographics/posters. Best practice strategies also varied from the implementation of turning, offloading surfaces/equipment, to standardized skin assessments. prevention strategy. This analysis will help the working group summarize the preventions strategies that are currently used within the region and address gaps in current strategies.

Although our time spent on this project is short-lived, there is still plenty of work to be done. Future project direction includes the initiation of working groups 3 and 4 in which they will analyze best practice guidelines, develop standardized tools to be used across the region, and involve stakeholder consultation. We are looking forward to the end roll out of this project and hope it has region-wide effects in reducing the incidence and prevalence of pressure injuries.

# Triad™: The Triumph for Torn Tissues

The catchy title of this article (thanks to my student Lauren) is to give context to the fact that Triad™ is a wound dressing. Triad™ is sometimes thought to be interchangeable or the same as Critic-Aid® Clear. So let's look at these products more closely.

Critic-Aid® Clear is a moisture barrier, and has the following functions:

- prevents and treats skin irritation due to incontinence.
- protects against irritants and helps to avoid maceration.
- hydrates and conditions the skin

Apply a thin layer of Critic-Aid® after toileting, hygiene and bathing

Triad™ **Hydrophilic** is a wound dressing, and has the following characteristics

- absorbs moderate levels of wound exudate.
- facilitates natural autolytic debridement.
- alternative for difficult-to-dress areas.

Apply Triad™ to a thickness of 3mm such that the skin is not visible through the cream

**Hydrophilic** means water loving, so Triad can be considered an absorbent dressing. Critic-Aid® Clear is a moisture barrier and is used on intact skin.

## Triad™



### WHEN



INTACT Skin with Incontinence  
**Instead use Critic Aid Clear Barrier Cream**



OPEN Skin Caused by Incontinence



Pressure Injury with Incontinence

### HOW



Apply 3mm thick to wound including 3-4cm of intact periwound skin



Allow to Air Dry 5 minutes if possible



Do Not wash off – remove only top layer if soiled



Reapply PRN to maintain 3mm thickness

Skin Cleansing: Critic-Aid® Clear

Gently cleanse skin with pH balanced soap or use a pH balanced No-Rinse Skin Cleanser such as Sproam® .

Triad™ Removal

It is not necessary to remove all of the dressing paste with each dressing change. Clean off the top layer if soiled

To remove dressing paste, use a pH balanced No-Rinse Skin Cleanser such as Sproam®

## Wound Care Courses

Level 1 wound care is available online for **staff with LMS access**.

Log into the Learning Management System (LMS) from any computer or device at <https://sharedhealthmb.learnflex.net>.

If needed, create a new account by clicking “New User”.

Enter “**WOUND CARE**” in the global search bar.

- Level 1 is a bundle of 8 modules so scroll down to the bottom of the window to find the course.

NOTE: Level 1 wound care course cannot be relaunched if it has been completed.

### Level 2 Courses

- Level 2 courses are also available. There will be a new slate of courses for Fall 2023, available for registration soon. Click the “Register” button on each course to view available dates.

## Have a question?

Contact Jane McSwiggan, Education and Research Coordinator-Wound Care at [jmcswiggan@wrha.mb.ca](mailto:jmcswiggan@wrha.mb.ca).

Following the accident and loss of life on the Trans-Canada Highway on June 15th 2023, the wound care teams throughout the Province are keeping the families and survivors who have suffered unimaginable loss, trauma and tragedy in our thoughts.

#Dauphinstrong

## Lanyard card for wound assessment

(Print, cut out and laminate)

Wound Assessment		NERDS
Identify/Treat the cause		(≥3 antimicrobial dressing, no swab)
Person-centred concerns & pain		Non healing wound
Healable, Maintenance, Non-Healable?		Exudative wound
T/D: Type of tissue?		Red, friable granulation tissue
Need for debridement?		Debris (slough/eschar)
I: Infection/Inflammation		Smell or unpleasant odour
NERDS or STONEES?		<b>STONEES</b>
M: Moisture Balance, not too wet, not too dry		(≥3 antimicrobial dressing, swab, abx)
E: Edge of wound & peri-wound skin		Size is bigger
		Temperature is Increased
		Os (probes to bone)
		New or satellite areas of breakdown
		Exudate,
		Erythema, edema
		Smell or unpleasant odour

## Wound Care

*Arterial ulcers need to be fed*

*Venous ulcers need to be hugged*

*Diabetic Foot Ulcers need to be protected*

- Tej Sahota

We acknowledge we are gathered on Treaty 1 Territory and that Manitoba is located on the Treaty Territories and ancestral lands of the Anishinaabeg, Anishininewuk, Dakota Oyate, Denesuline and Nehethowuk Nations. We acknowledge Manitoba is located on the Homeland of the Red River Métis.