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Developing a 3-Credit Intensive Online Wound Care Elective

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Developing a 3-Credit Intensive Online Wound Care Elective

Debra Serrino, MSN, RN
UNM College of Nursing (CoN)

Background:

Wound Care is introduced to pre-baccalaureate nursing students in Level 3 of their five-level nursing education. This has been a 2-hour lecture, followed by 2 hours of clinical focusing on dressings and practicing wound care on a manikin. The BSN students along with the Wound Care teams at UNMH and the VA expressed a desire for the CoN to provide more education for interested students.

This course is a work in progress:

- Taught twice in 2019 in a 7-week intensive format.
- Open to RN-BSN students and Level 3 and above pre-baccalaureate nursing students.
- 2 online wound care books are required.
- Wound Care topics are preselected by the faculty.
- 5 videos were created in Sim lab with manikins and the wound care nurse to show: Wound Vac Management; Surgical drains; Ostomy care: Post Op staple removal and Wound Measurement. (below)

N429 Wound Care Video

Module 1, Assignment 1:

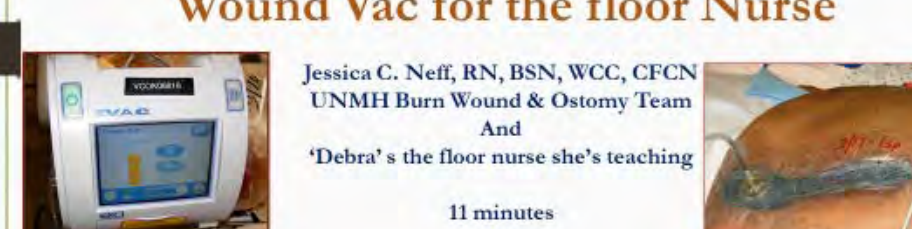


Seymour Wound Measuring Video

N429 Wound Care Video

Module 5

Wound Vac for the floor Nurse



11 minutes

Course Objectives/ Student Learning Outcomes:

1. Apply the principles of wound therapy identifying appropriate dressing materials, drains, wound vacuum-assisted closure and treatments.
2. Critique research articles that discuss wound management reflecting evidence-based data.
3. Analyze criteria for wound prevention including specialty beds, mattresses and protective devices.
4. Evaluate specific complications associated with wound and ostomy healing related to factors affecting the wound microenvironment.

BSN Student Posters

Completed by three students per poster working online



Necrotizing Fasciitis
Ashley Ericho, Jessica Luevano, Brittany Urry: BSN students

ABSTRACT & BACKGROUND
Necrotizing fasciitis, also known as "flesh-eating disease", is a rare but severe infection of the subcutaneous tissue, fascia, and muscles. The Centers for Disease Control (CDC) estimates that approximately 10-15 deaths in the United States (U.S.) each year result in approximately 1,500 deaths in the U.S. each year (Petrovski, et al., 2017). Necrotizing fasciitis commonly follows a break in the skin barrier, and is a medical emergency that requires prompt treatment (Barnard & Andrie, 2016).

RESEARCH DETAILS
This poster is based on clinical and intraoperative findings (history of trauma, loss of blood integrity, presence of necrotic "flesh-eating" appearance). All patient were operated in an OR suite and microbiologic data were acquired during each surgery.

CONCLUSION
NF is a difficult disease to diagnose and early diagnosis and treatment is essential. This poster includes reports, surgical debridement commonly indicated by reports of necrosis. Also, delays result in complete loss of tissue and possible the of the patient (Latham et al., 2017). An inclusive team approach during and after initial treatment and lead to the best results in comprehensive recovery for patients suffering from NF (Vukun, Guo, & Sun, 2017).

NURSING IMPLICATIONS
• Watch for signs and symptoms
• Inflammation, redness, pain, swelling, and tenderness
• Hemorrhaging, pain
• Performing wound and patient debridement



Fungating Wounds
Stephanie Decker, Johanna Lee, Tanya Trujillo-BSN Students

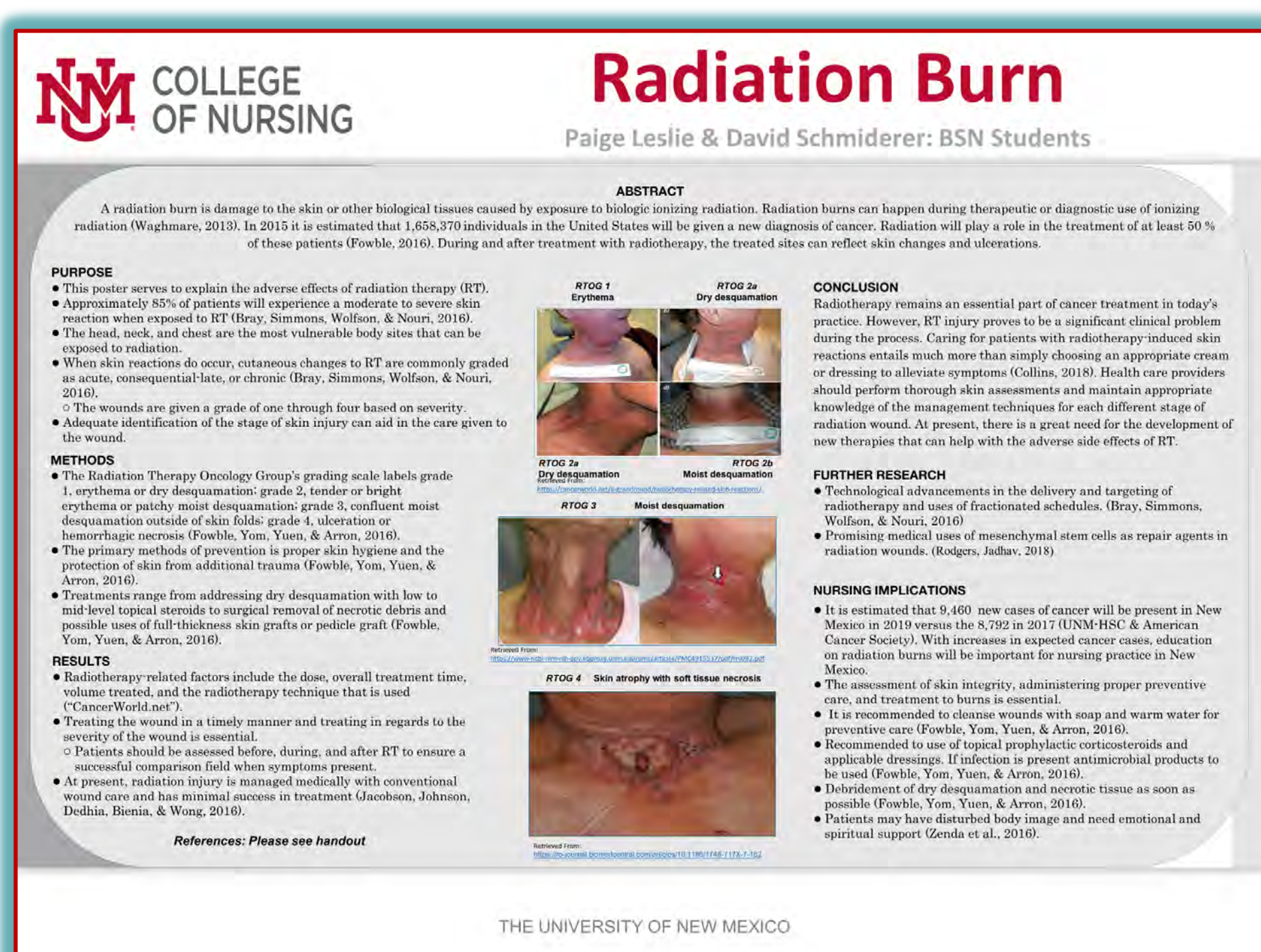
Definition
Fungating wounds result from the necrotic outgrowth of tumor growth, which is a common complication of cancer. It is characterized by a protruding mass of tumor tissue that extends beyond the skin surface. The blood vessels within the tumor, which are the most common cause of bleeding, are the most prominent on the tumor's surface.

Background
It is estimated that between 5% to 10% of patients with advanced-stage cancer develop fungating wounds. These wounds are often known as "fungus" due to their appearance. The most common sites for fungating wounds are the head and neck, followed by the chest, abdomen, and pelvis. The most common cause of fungating wounds is the growth of tumor tissue that extends beyond the skin surface.

Symptoms and Treatments
Melanoma
• Caused by a malignant tumor of the skin.
• Symptoms include a dark, irregular mole that changes in color, size, or shape.
• Treatment includes surgical removal, chemotherapy, and radiation therapy.

Pain
• Caused by the growth of tumor tissue that extends beyond the skin surface.
• Symptoms include severe pain, swelling, and tenderness.
• Treatment includes pain management, surgical debridement, and radiation therapy.

Psychosocial Implications
• Fungating wounds can cause significant emotional distress and affect a patient's quality of life.
• Patients may experience feelings of embarrassment, shame, and isolation.
• Support groups and counseling can help patients cope with these challenges.



Radiation Burn
Paige Leslie & David Schmderer: BSN Students

ABSTRACT
A radiation burn is damage to the skin or other biological tissues caused by exposure to ionizing radiation. Radiation burns can happen during therapeutic or diagnostic use of ionizing radiation (Wahlman, 2015). In 2015 it is estimated that 1,626,270 individuals in the United States will be given a new diagnosis of cancer. Radiation will play a role in the treatment of at least 60% of those patients (Franklin, 2016). During and after treatment with radiotherapy, the treated skin can reflect skin changes and alterations.

PURPOSE
• This poster serves to explain the adverse effects of radiation therapy (RT).
• Approximately 60% of patients with exposure to a moderate to severe skin reaction when exposed to RT (Daly, Harrison, Wallace, & Nouri, 2016).
• The head, neck, and hand are the most vulnerable body sites that can experience radiation.

CONCLUSION
• Radiation therapy is an essential part of cancer treatment in today's practice. However, RT therapy poses to be a significant clinical problem during the process. Careful attention with radiotherapy-induced skin damage is necessary. Careful attention with radiotherapy-induced skin damage is necessary. Careful attention with radiotherapy-induced skin damage is necessary.

NURSING IMPLICATIONS
• The most common of the clinically identifiable adverse effects of radiation therapy is skin damage. It is important for nurses to be able to recognize and manage these effects. The most common of the clinically identifiable adverse effects of radiation therapy is skin damage. It is important for nurses to be able to recognize and manage these effects.

Final Posters are judged by two Masters Faculty for 'Conference Readiness'; Faculty of Record judged content.

Our two Associate Deans have approved the payment for printing the two best posters each term. The posters get displayed on the 3rd floor of the College of Nursing Building. After being posted a month, the students can then have the posters if they wish.

Course Assignments

Graded Work	Percentage
Assignments – 5 total – 2 group; 3 solo	10%
Discussions – 4 total	20%
Quizzes – 2 total 20 questions; 60 minutes	30%
Poster - Group	15%
Handout -Group	15%
Screencast Video Presentation – Group	10%
Total	100%

- ### Poster Topics Assignment:
- 3 students per group, self-select your topic
You will be completing together: Abstract – wk. 3; Annotated Bib – wk. 4; Poster – wk. 5; 2-page Handout- wk. 5 and a 3-minute Streaming Video Presentation – wk. 6.
1. Burn Tx in Pediatrics
 2. Nutrition and Ostomies
 3. Wild Animal Bite Tx
 4. Marjolin's Ulcer
 5. Fungating Wounds
 6. Radiation Burn Treatment
 7. Arterial Ulcers versus Venous Ulcers Lower Extremities
 8. Lymphedema Leg Wrap Tx
 9. Leech Use in Wound Care
 10. Pig Skin Grafts
 11. Kennedy Ulcer
 12. Maggot Therapy
 13. Hyperbaric Oxygen Therapy
 14. Gangrene; gas, dry and wet gangrene Tx

← **BSN Student Posters:**
Top Poster Winner: Spring 2019
Middle & bottom posters: Summer 2019
Students from Taos, Santa Fe, Las Cruces, etc. have worked together online on the abstract; annotated bib; poster; 2-page handout and Streaming video presentation.

Class Schedule →
Student Feedback →
Questions 3 and 4: selected comments on handout.
Summer term students were notified in advance of group work on final project.

	Wound Care Topics Covered
Week 1	Course Overview Skin Assessment & Wound Healing
Week 2	Dressings and Drains in Acute Care; Advanced Therapies & Modalities
Week 3	Wound Prevention principles; Basic Wound Care; Factors influencing wound healing
Week 4	Dressings and Drains in Acute Care; Advanced Therapies and Modalities
Week 5	Wound Cleansing; Solutions, Irrigation; Debridement & Wound Vac Therapy
Week 6	Ostomy and Fistula Management; Family & Patient Education
Week 7	Pain Management in Wound Care and End of Life Wounds

Student Feedback via EvalKit

Response Rate	Q1	Q2	Q5	Q6	Q7	Q8
Spring Term	17/30	3.65	4.47	4.06	4.00	3.47
Summer	23/41	4.61	4.74	4.70	4.62	4.74

- ## Advance Preparation for Course:
1. Met with Julia and Megan in CoN IT about logistics of online course multiple times.
 2. Shadowed wound care nurses at the VA and UNMH to observe any updates in wound care.
 3. Had Wound Care nurse share her knowledge in online vignettes with wound vac care & others.
 4. Attended Wound Conference to see new bandages and treatments to include.
 5. Multiple book review on integumentary and wound care, selected two online books available to download for free at the HSC Library: Wound Care made Incredibly Easy! & Wound Care Essentials (2016).

References: Please see handout