

Wound management

by Marie McCullagh & Ros Wright

Barry Godfrey, 82, has presented to his local GP surgery with a burn to the arm. The Practice Nurse is asked to dress the wound.

Transcript

Part One

PN: Hello, Mr Godfrey. My name's Sandra. I'm the Practice Nurse. I hear you've had a little accident. Do you mind if I take a look?

Barry: No, no not at all. It's still a bit sore. I should have come in a couple of days ago, but, well, I just thought it would heal itself. I tried to clean it up and that, but ...

PN: If I can just take a look. Could you just roll up your sleeve for me? That's lovely, thanks.

PN: I can see it's hurting you quite a bit, isn't it? So, how did this happen, Mr Godfrey?

Barry: Ironing. I wasn't paying attention, you know, watching the box at the same time. I hate this ironing lark. Of course, my wife did all that when she was here. Got to fend for myself now ... it's not that easy, and ...

PN: Okay. Well, I'm just going to clean it up a bit first. Then I want to put on a fresh dressing for you.

Barry: I stuck my arm under the cold tap for a while then put some ointment on, but doesn't look like I did a good job, did I?

PN: It could have been worse. Now, it might be a little tender while I clean it. Just bear with me. There, that's better. Now, you see, the burn's become infected. Do you see here, where it's a bit red and inflamed? It's lucky you did come in today though, Mr Godfrey; otherwise the infection would have spread.

Barry: What's the best thing for it, keep it open?

PN: Not necessarily. We want to try to protect the wound and bring down the swelling. I'm going to use what we call an antimicrobial cream.

Barry: What's that then?

PN: It's similar to an antibiotic but in a cream form – we use it for burns like this that are slightly infected. It'll reduce the swelling and it's quite soothing too, so it should make your arm feel less tender. If you don't mind I'll just put the dressing on now too. You must keep this dry too and don't be tempted to take the dressing off, if at all possible. You should avoid having it exposed for the moment.

Barry: I'm sure I can manage that without too much trouble, my duck.

Part Two

PN: Are you looking after yourself otherwise, Mr Godfrey? You know wounds like this will always heal quicker if you're eating properly – nutrition's very important.

Barry: I go to a Day Centre once or twice a week for my lunch. The grub's not bad there. And my son comes round with my shopping, so I'm OK, thank you nurse.

PN: Good to hear. I can hear you're sniffing a little ...

Barry: I'm trying to shake off this cold; I've had it for a couple of weeks.

PN: It might be a good idea to make an appointment with your GP in that case, Mr Godfrey. Now I want you to come back into the surgery in a couple of days, Mr Godfrey, so that I can keep a check on the wound and change the dressing. Will you do that for me?

Barry: Yes. It's nice to get out my dear. I like my visits up the town or the doctor's. I always see someone I know, then we get chatting ...



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A Professional usage

1. Before you listen, look at the table below. It lists the three pieces of information which the nurse will want to find out as early as possible.

Check	Nurse Question	Patient Response	Rationale
Cause of wound			
How long the patient has had it			
How much pain the patient is in			

2. Listen to Part 1 and write down what information the patient gives which can answer each of the questions.
3. Now listen to Part 1 again and write down what the nurse says to request the information. Why does the nurse want this information? Write the answers in the column.
4. Listen to Part 2 and answer these questions:
- Why does the nurse ask Barry what he is eating? Why is this relevant to his wound?
 - Is there any other reason the nurse might want to ask this question?
 - What is the nurse's final request to the patient?
5. Can you think of anything else which is discussed in Part 2 which might have an effect on the wound healing?

B Colloquial language

1. The patient uses a number of colloquial expressions. Write a sentence which expresses the same meaning in a less colloquial form.
- I was watching the box* _____
 - I hate this ironing lark* _____
 - I've been trying to shake off this cold* _____
 - Properly fed and watered* _____
 - The grub's not bad there* _____

C Communication focus

- Identify **two** different ways the nurse asks the patient for permission to look at his wound.
- Identify where the nurse warns the patient that there may be some pain.
- What else does the nurse do in addition to warning him?
- Identify **three** different ways the nurse gives advice to the patient and rank them in order in terms of how strongly the advice is given.

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D Handover

In pairs, use the information from the patient records below to role play an encounter with a nurse.

The nurse will need to explain to the patient the type of wound they have, the stages of healing a wound normally follows and what stage their wound appears to be at and, finally, the factors that can influence the healing process. Try to use patient-friendly language as much as possible.

PATIENT No 1

PATIENT RECORD: Elizabeth Settle

Elizabeth is 68 and is a widower with a son who visits her regularly. She has diabetes mellitus as well as high blood pressure. She is very careful about what she eats and takes as much exercise as she can. She smoked until three years ago, but has now given up.

She has been receiving treatment for some time for pressure ulcers at the base of her pelvis. They are responding well to the treatment.

PATIENT No 2

PATIENT RECORD: Faith Armstrong

Faith is 36 years old and divorced. She lives on her own and has recently been made redundant from her job as an estate agent. She is slightly above average weight and is not careful about what she eats. She rarely exercises and smokes around 20 cigarettes a day.

She has just had an operation to remove her appendix.

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ANSWER KEY

A Professional usage

2,3	Check	Nurse Question	Patient Response	Rationale
	Cause of wound	So, how did this happen, then Mr Godfrey?	Ironing	The cause of a wound makes a difference in terms of the type of damage caused to the tissue and the way it needs to be treated.
	How long the patient has had it	Doesn't ask	I should have come in a couple of days ago	Depending how recently it occurred the wound may have begun to pass through the various stages of healing.
	How much pain the patient is in	I can see it's hurting you quite a bit, isn't it?	No response	The patient may require further advice on pain control and prevention, depending on the intensity of the pain and other precipitating factors.

- Because good nutrition can help a wound heal more quickly.
 - The nurse is likely to be concerned in a more general way about how much he is eating as part of looking after himself.
 - That he needs to come back to the surgery in a few days so she can check the wound.
- His cold could possibly interfere with his cardio-respiratory status, which affects the rate of healing of the wound.

B Colloquial language

I was watching the box → I was watching television.

I hate this ironing lark → I hate/don't like ironing

I've been trying to shake off this cold → I've been trying to get rid of this cold

The grub's not bad there → The food is quite good there

C Communication focus

- Do you mind if I take a look if I can just take a look*
- Now it might be a little tender while I clean it*
- She asks him to bear with her, in other words to try not to notice the pain.
- You're going to need to keep this dry; you should avoid having it exposed; it might be a good idea*
You're going to need to keep this dry – strongest
you should avoid having it exposed – strong
it might be a good idea – weakest

D Handover

PATIENT No 1

Chronic wound

Seems to be healing – inflammatory or proliferative stage.

Outline four stages – hemostasis, inflammatory, proliferative, maturation – to patient.

Age is a factor in healing. Nutrition good, lack of smoking good and exercise good, contact with family good for stress.

PATIENT RECORD: Elizabeth Settle

Elizabeth is 68 and is a widower with a son who visits her regularly. She has diabetes mellitus as well as high blood pressure. She is very careful about what she eats and takes as much exercise as she can. She smoked until three years ago, but has now given up.

She has been receiving treatment for some time for pressure ulcers at the base of her pelvis. They are responding well to the treatment.

PATIENT No 2

Acute wound

Early stage – hemostasis

Outline four stages – hemostasis, inflammatory, proliferative, maturation – to give patient an idea of what to expect

Age good for healing but smoking, nutrition, lack of exercise, possible stress all bad.

PATIENT RECORD: Faith Armstrong

Faith is 36 years old and divorced. She lives on her own and has recently been made redundant from her job as an estate agent. She is slightly above average weight and is not careful about what she eats. She rarely exercises and smokes around 20 cigarettes a day. She has just had an operation to remove her appendix.