

Course Title: 3698 XH109 S7380 Wound Care, Incontinence
Assessment & Quality Indicators

Date: August 22 and 23, 2008

Instructor: Alice Levy, RN, CWOCN

Curriculum Summary

Total Minutes 660 ÷ 60 = 11 Contact Hours

Objective List objectives in operational/behavioral terms.	Content List each topic area to be covered and a description or outline of the content to present.	Time State the time frame for the topic area.	Faculty List the faculty of presenter for each topic.	Method Describe the teaching method used for each adult learning principal.
1. Identify the components of an effective “Wound Team” and discuss approaches to encourage the “Team” to function as a whole	1. The Wound Team-Working Together for Common Goals: a. Who should be a part of the wound team? b. What role does each member play on the wound team? c. Establishing goals for the wound team. d. Implementation of wound team goals. e. Care planning and determination of patient goals in regards to wound healing. f. Specific contributions of interdisciplinary team members. g. Documentation for wound team rounds and tools for documentation.	75 min.	Alice Levy, RN, CWOCN	Lecture PowerPoint Slides Discussion Poster Presentation Examples of documentation tools

2. Identify and correctly stage or classify ulcers and wounds	<p>2. Assessment and Staging of Ulcers and Wounds:</p> <ul style="list-style-type: none"> a. Definition of a pressure ulcer. b. Definition of a wound. c. Types of wounds: Diabetic; Arterial; Venous; Acute; Traumatic d. Staging of pressure ulcers: Stage I, II, III, IV, un-stagable, deep tissue injury e. Classification of wounds: partial thickness, full thickness f. Documentation of ulcers/wounds by type. g. Tools for documentation of ulcers and wounds. 	90 min.	Alice Levy, RN, CWOCN	<p>Lecture PowerPoint Slides Discussion</p> <p>Pressure Ulcer Model Demonstration of Staging</p> <p>Tools for documentation of ulcers and wounds</p>
3. Describe chronic wounds and interventions for treatment	3. Identification of Chronic Wound & Infection vs. Contamination:	75 min.	Alice Levy, RN, CWOCN	Lecture PowerPoint Slides

<p>chronic wounds based upon wound etiology, past treatment interventions, and concurrent medical conditions</p>	<p>a. Definition of infection vs. colonization of ulcers/wounds. b. Definition of chronic ulcers/wounds. c. Discussion of infectious symptoms and wound infections. d. Bio-films and pseudo membranes of ulcer/wound surfaces. e. Wound cultures: when are they indicated? Are they accurate? Best type of wound cultures. f. Co-morbid factors impacting ulcer/wound infections and chronicity.</p>			<p>Discussion</p>
<p>4. Identify commonly seen skin conditions and appropriate treatment interventions for common skin problems</p>	<p>4. Identifying Common Skin Conditions: a. Perineal dermatitis, definition. b. Heat rash, definition. c. Fungal rashes, definition. d. Excoriated skin, definition. e. Interventions to treat each type of commonly seen skin condition.</p>	<p>20 min.</p>	<p>Alice Levy, RN, CWOCN</p>	<p>Lecture PowerPoint Slides Discussion Suggested formularies</p>

5. Describe skin tear classifications and interventions for treatment of skin tears	<p>5. Skin Tear Classification:</p> <ul style="list-style-type: none"> a. Definition of skin tears. b. Patients at risk for skin tears. c. Measuring and documenting skin tears. d. Classification of skin tears. e. Interventions for prevention of skin tears. f. Interventions for treatment of skin tears. 	25 min.	Alice Levy, RN, CWOCN	<p>Lecture PowerPoint Slides Discussion</p> <p>Suggested Formularies</p>
6. Discuss when, why, and who to involve with difficult wound cases	<p>6. When and Who to Involve For Interventions with Difficult Wound Cases:</p> <ul style="list-style-type: none"> a. Definition of wound specialists: WOCN nurse, CRNP, PA, DPM/WCC, PT/WCC, Diabetic nurse, vascular surgeon, general surgeon. b. When to involve a specialist. c. Examples of difficult cases to involve a specialist. 	30 min.	Alice Levy, RN, CWOCN	<p>Lecture PowerPoint Slides Discussion</p>

	Question and Answer	15 min.	Alice Levy, RN, CWOCN	
7. Identify the types of incontinence and interventions for each type	<p>7. Assessing and Identifying Urinary Incontinence:</p> <p>a. Definition of the four types of incontinence.</p> <p>b. Documenting interventions and care planning based on the type of incontinence.</p> <p>c. Follow up and re-evaluation of goals for incontinence issues.</p> <p>d. UTI's, definition, interventions, and follow up evaluation.</p> <p>e. Tools for assessment, documentation, and evaluation of incontinence goals.</p> <p>f. Who is responsible for each phase of incontinence assessment, documentation, and evaluation of goals?</p> <p>g. Equipment related to incontinence assessments and diagnosis.</p>	75 min.	Alice Levy, RN, CWOCN	<p>Lecture</p> <p>PowerPoint Slides</p> <p>Discussion</p> <p>Resource handouts on diagnostic equipment</p>

	e. Auditing QI's and planning goals facility-wide based on QI's.			
10. Identify equipment that can be utilized to achieve quality care	<p>10. Equipment to Deal with Significant Changes and Physical Declines:</p> <ul style="list-style-type: none"> a. Alternating Pressure Pads b. Alternating Pressure Mattresses c. Low Air Loss Mattresses d. Foam and Gel chair cushions e. Air chair cushions f. Wedges for foot/heel positioning g. Fall prevention equipment h. Bolsters for mattresses i. Wound pumps j. Rock and Go wheelchairs k. Hi-Low beds 	60 min.	Alice Levy, RN, CWOCN	<p>Lecture PowerPoint Slides Discussion</p> <p>Equipment examples</p>
	Question & Answers	10 min.	Alice Levy, RN, CWOCN	<p>Lecture PowerPoint Slides Discussion</p>
	Post Test and Evaluation	20 min.	Alice Levy, RN, CWOCN	