

# WOUNDCON<sup>®</sup>

SUMMER 2020

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## WOUNDCON SUMMER 2020 ON-DEMAND SYLLABUS

LIVE CONFERENCE DATE: FRIDAY, JULY 17, 2020

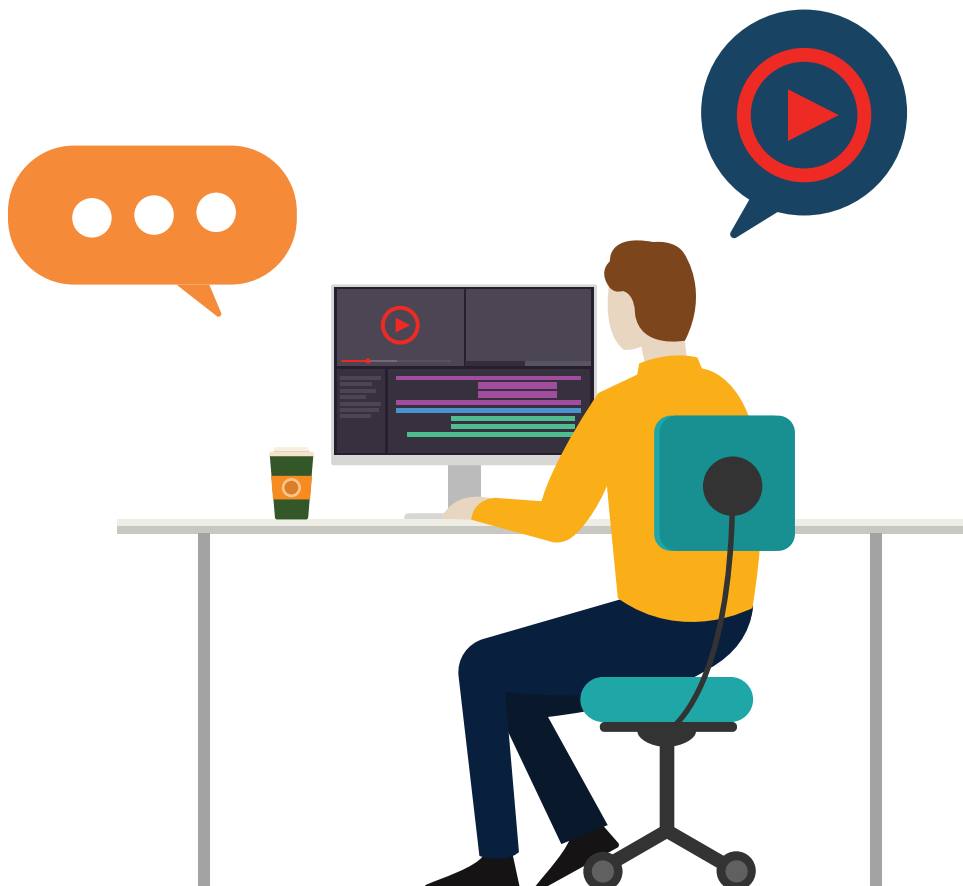
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## About WoundCon Summer 2020 On-Demand

### TARGET AUDIENCE

This activity has been designed for practitioners who care for a significant percentage of their patients with chronic and/or acute wounds including but not limited to venous ulcers, pressure ulcers/injuries, diabetic foot ulcers, post-operative wounds, etc., across the health care continuum. This activity is designed to address the educational needs of intermediate and advanced learners.

### LEARNING OBJECTIVES

At the end of this activity, participants should be able to:

- Identify current evidence-based concepts in wound management
- Apply essential elements of wound management in a variety of patient settings
- Explore the evidence-base behind wound management interventions

### ACTIVITY GOAL

This activity is designed to address the following core and team competencies: patient care, medical knowledge, practice-based learning, evidence-based practice, insurance/reimbursement issues, quality improvement, and interprofessional collaboration.

### REQUESTING CE/CME CREDIT FOR WOUNDCON SUMMER ON-DEMAND

- Sessions are best viewed on Google Chrome, as other browsers may experience technical difficulties.
- Upon completion of all the WoundCon Summer 2020 On-Demand sessions you wish to participate in, complete the following online CE/CME certificate request form: <https://cine-med.com/certificates/wcsummer2020on-demand>
- A certificate containing your total earned CE/CME credits or certificate of participation will be issued to you via email within 3-5 business days from Ciné-Med, Inc.
- For additional information about Wound Con Summer 2020 On-Demand accreditation, please see page 5.

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Medical Director  
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 Ocean County, New Jersey



**Dianne Rudolph,  
 APRN-BC, DNP, CWOCN**

Nurse Practitioner  
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**Jayesh B. Shah, MD,  
 UHM(ABPM), CWSP, FAPWCA,  
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#### DISCLOSURES:

**The following speakers have indicated no relevant financial relationships to disclose:**

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Jayesh Shah, MD, MHA, CWSP

Randall Wolcott, MD

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Kara Couch, MS, CRNP, CWCN-AP: Mölnlycke, Urgo North America

James McGuire, DPM, LPT, LPed: Smith & Nephew, Pure & Clean, Essity, Osiris, Drexel University

Alex Wong, MD, FACS: ACell, Inc.



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#### ACCREDITATION

##### WoundCon Summer 2020 On-Demand Accreditation

In support of improving patient care, this activity has been planned and implemented by Ciné-Med and Kestrel Health Information/WoundSource. Ciné-Med is jointly accredited by the Accreditation Council for Continuing Medical Education (ACCME), the Accreditation Council for Pharmacy Education (ACPE), and the American Nurses Credentialing Center (ANCC), to provide continuing education for the healthcare team.

Ciné-Med designates this enduring material for a maximum of 9.25 *AMA PRA Category 1 Credit(s)*™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

This activity provides 9.25 contact hours for nurses.

This activity has been planned and implemented in accordance with the standards and requirements for approval of providers of continuing education in podiatric medicine through a joint provider agreement between Ciné-Med and Kestrel Health Information/WoundSource. Ciné-Med is approved by the Council on Podiatric Medical Education as a provider of continuing education in podiatric medicine.

Ciné-Med has approved this activity for a maximum of 9.25 continuing education contact hours.

All other healthcare professionals will receive a Certificate of Participation. For information on the applicability and acceptance of Certificates of Participation for activities designated for *AMA PRA Category 1 Credits*™, consult your professional licensing board.

## Session Abstracts

### **KEYNOTE: THE PANDEMIC'S COMPANION: COVID-19 DEVICE-RELATED PRESSURE ULCERS IN PATIENTS AND PROVIDERS**

*Amit Gefen, PhD and Karen Ousey, PhD, RGN, FHEA, CMgr, MCMI*  
**0.75 CME | 0.75 Contact Hours**

Both patients and health care providers are at risk of pressure ulcer related to medical device use. Patients may develop pressure ulcers from catheters, oxygen tubing, and feeding tubes, and providers, especially in the COVID-19 pandemic, may develop ulcers from extended use of goggles or face masks. Education of both patients and providers regarding prevention and strategies to reduce skin injury risk is paramount.

#### **PARTICIPANTS IN THIS SESSION WILL:**

- Explore the etiology and potential risks associated with medical devices used by patients and PPE used by health professionals during pandemics.
- Provide delegates with a clear, simple strategy on how to prevent the risk of skin damage and/or DRPUs during the pandemic.
- Examine guidance on long-term strategies for prevention and management of DRPUs, for clinicians, patients, industry and regulators.

### **IS THIS WOUND INFECTED? MASTERING INFECTION AND BIOFILM ASSESSMENT**

*Randall Wolcott, MD*  
**1.00 CME | 1.00 Contact Hours**

Clinicians should be able to identify bacterial balance during wound assessments and thus reduce the risk of infection and promote wound healing. Chronicity is a common challenge in wound care, and biofilm and infection are often found in chronic wounds. Practical knowledge of infection risk factors, proper diagnosis, appropriate monitoring, and effective treatment planning is needed to prevent biofilm formation and infection in chronic wounds.

#### **PARTICIPANTS IN THIS SESSION WILL BE ABLE TO:**

- Differentiate between wound biofilm and infection.
- Describe how biofilms and infection impair healing in chronic wounds.
- Evaluate methods of identifying bacterial balance to enhance wound healing outcomes.
- Define infection risk factors, diagnosis, and treatment planning in wounds with presences of infection or biofilm.
- Describe various technologies in helping identify biofilms.

### **THE DIAGNOSTIC DILEMMA, PART 1: IDENTIFICATION OF ATYPICAL WOUNDS AND CALCIPHYLAXIS**

*Jayesh B. Shah, MD, UHM(ABPM), CWSP, FAPWCA, FCCWS, FUHM, FACP, FACHM and Manjulatha Badam, MD, CWSP*  
**1.00 CME | 1.00 Contact Hours**

Atypical wounds account for 20% of chronic wounds, but their mechanisms remain unclear. Calciphylaxis, primarily seen in chronic kidney failure, is a condition caused by accumulated calcium in the small blood vessels at the subcutaneous level. Both atypical wounds and calciphylaxis should be managed with a comprehensive multidisciplinary approach.

#### **PARTICIPANTS IN THIS SESSION WILL BE ABLE TO:**

- Differentiate typical and atypical chronic wound types.
- Explain atypical wounds and calciphylaxis.
- Describe assessment and recognizing signs of atypical wounds and calciphylaxis.
- Summarize current evidence-based care planning and need for further clinical trials in atypical wounds and calciphylaxis.

### **SKIN DAMAGE ASSESSMENT: DISTINGUISHING INCONTINENCE-ASSOCIATED DERMATITIS FROM PRESSURE INJURY**

*Mikel Gray, PhD, FNP, PNP, CUNP, CCCN, FAANP, FAAN*  
**1.00 CME | 1.00 Contact Hours**

Correctly differentiating pressure injuries from incontinence-associated dermatitis is essential for various reasons, including treatment selection, national targets, and reimbursement considerations. Although some anatomical overlap exists, these two conditions have distinct etiological, pathophysiological, and clinical features that can be identified by careful assessment.

#### **PARTICIPANTS IN THIS SESSION WILL BE ABLE TO:**

- Differentiate pressure injuries vs. incontinence – associated dermatitis
- Describe the etiology and pathophysiology of pressure injuries vs. IAD
- Compare pressure injury vs. moisture-related lesion risk factors.
- Explain the impact of incorrect diagnosis of pressure injuries vs. IAD in health care settings.

## COVID TOES AND OTHER SKIN MANIFESTATIONS OF THE COVID-19 VIRUS

*Kara Couch, MS, CRNP, CWCN-AP*

**1.00 CME | 1.00 Contact Hours**

Some patients with coronavirus disease 2019 (COVID-19) have developed rashes and other skin manifestations, most notably the condition known as COVID toes. The numbers of reported patients with COVID toes and skin-related issues continue to increase, but further research is needed to link the viral infection to the skin manifestations. The American Academy of Dermatology has developed a COVID-19 Dermatology Registry for health care providers to use for reporting dermatologic conditions in their COVID-19 patients.

### PARTICIPANTS IN THIS SESSION WILL BE ABLE TO:

- Identify characteristics of COVID Toes and other skin related issues.
- Explain systemic inflammation and clotting factors and connection.
- Describe key considerations in management of skin manifestations by COVID.
- Relate reporting in dermatologic registry to support evidence-based practices.

## KEYNOTE: LIMB PRESERVATION IN DIABETES – A COMBINATION OF TEAM, TECHNOLOGY AND TENACITY

*David G. Armstrong, DPM, MD, PhD*

**0.50 CME | 0.50 Contact Hours**

Diabetic foot ulcers (DFUs) are pivotal events in limb loss because they are avenues for infection and cause tissue necrosis and poor wound healing. Limb amputation diminishes patients' quality of life and carries a mortality risk. Best practice management of patients with DFUs uses a multidisciplinary team approach to prevent amputation and save lives.

### PARTICIPANTS IN THIS SESSION WILL BE ABLE TO:

- Identify complexities of the non-healing wound, infection, biomechanics, and limb salvage.
- Explain the multifaceted and multidisciplinary approach, closing gaps in care.
- Evaluate preventative and prophylactic foot care in reducing risk for amputation and patient morbidity.
- Analyze the public health crisis of limb loss.

## THE DIAGNOSTIC DILEMMA, PART 2: ISCHEMIC VERSUS NEUROPATHIC DIABETIC FOOT ULCERS

*James McGuire, DPM, PT, LPed, FAPWHC and Matthew Regulski, DPM*

**1.00 CME | 1.00 Contact Hours**

Optimal management of diabetic foot ulcers (DFUs), both neuropathic and ischemic, includes clinical awareness, blood glucose control, regular foot inspection, offloading in high-risk patients, custom footwear, wound care, and timely diagnosis. Intravascular therapy plays a vital role in DFU management in patients facing limb threat risks. An angiosome-directed approach to lower limb revascularization has been found useful in some patients.

### PARTICIPANTS IN THIS SESSION WILL BE ABLE TO:

- Differentiate between diabetic neuropathic and ischemic ulcers.
- Evaluate multi-disciplinary team roles and effects on outcomes of optimal management in patients with diabetic neuropathic and ischemic ulcerations.
- Define how the angiosome theory was established.
- Describe how incorporating an angiosome-directed approach can be a useful adjunct in diabetic neuropathic and ischemic wounds.

## COMMON POST-OPERATIVE COMPLICATIONS AND HOW TO AVOID THEM

*Nancy Collins, PhD, RDN, LD, NWCC, FAND and*

*Alex Wong, MD, FACS*

**1.00 CME | 1.00 Contact Hours**

Enhancing nutritional status is vital for preventing and managing wounds in surgical patients. Malnutrition leads to delayed wound healing, increased infection rates, and wound chronicity. Various strategies are recommended for treating patients with nutritional deficiencies to optimize nutrition and wound healing outcomes.

### PARTICIPANTS IN THIS SESSION WILL BE ABLE TO:

- Identify risk and causative factors related to surgical wound complications.
- Review nutritional support and key nutrients for moving non-healing wounds towards the healing trajectory.
- Explain methods in goal setting for prevention, healing, and non-healing surgical wounds.

## **THE DIAGNOSTIC DILEMMA, PART 3: VENOUS, ARTERIAL OR BOTH?**

*Michael Maier, DPM*

**1.00 CME | 1.00 Contact Hours**

Venous and arterial ulcers are the most common types of leg ulcerations, although vascular ulcers can also have a mixed venous-arterial etiology. Effective management of vascular wounds depends on accurate, thorough assessment and diagnosis, as well as evidence-based best practice therapies for optimal clinical results.

### **PARTICIPANTS IN THIS SESSION WILL BE ABLE TO:**

- Identify and contrast characteristics between venous and arterial ulcers.
- Differentiate underlying pathophysiology for venous and arterial ulcers.
- Review assessment of lower limb ulcers (venous, arterial, mixed).
- Explain methods of diagnosing vascular disease.

## **MANAGING THE COMPROMISED SKIN AND FISTULAS OF BARIATRIC PATIENTS**

*Susan Gallagher, PhD, MSN, MA, RN, CBN, HCRM, CSPHP and*

*Dianne Rudolph, DNP, GNP-bc, CWOCN*

**1.00 CME | 1.00 Contact Hours**

Bariatric patients face daily challenges with personal care, skin breakdown, and the need for appropriate equipment. These patients need physical and emotional preparation for the fistula and ostomy interventions, and postoperative self-care. If wounds develop, negative pressure wound therapy has been found effective in these patients.

### **PARTICIPANTS IN THIS SESSION WILL BE ABLE TO:**

- Identify ways to bolster skin care in bariatric patients.
- Describe risks of skin integrity related to bariatric patients.
- Evaluate fistula and ostomy assessment and management for the bariatric patient.
- Explain NPWT application strategies in bariatric patients.

