

WOUNDCON[®]

FALL 2020

LEARN TODAY, **APPLY TOMORROW**



WOUNDCON FALL 2020 ON-DEMAND SYLLABUS

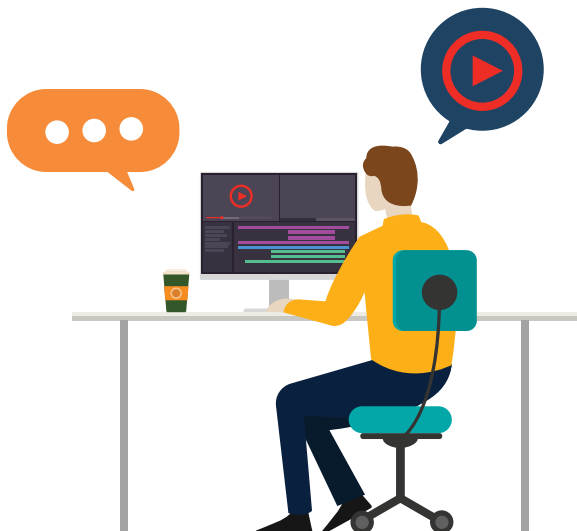
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About WoundCon Fall 2020

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.

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- 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 WoundCon Fall 2020 On-Demand accreditation, please see page 5.

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Ciné-Med has approved this activity for a maximum of 13.5 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

OPENING KEYNOTE: CHRONIC WOUNDS – A SILENT PUBLIC HEALTH CRISIS

Caroline Fife, MD, FAAFP, CWS

0.50 CME | 0.50 Contact Hours

Wound chronicity has been an ongoing challenge to wound care professionals. Moreover, the care of patients with chronic wounds has increased health care costs and consumed extensive resources worldwide. Wound types include, but are not limited to, arterial ulcers, venous ulcers, diabetic ulcers, and pressure injuries. When a wound fails to heal after 30 days of standard wound care practices, providers should perform a re-assessment of the underlying disorder and should re-evaluate advanced wound care practices to move these wounds toward a healing trajectory.

Understanding the underlying pathophysiology and management can support best wound healing outcomes. Practical knowledge of factors contributing to delayed healing is essential for the successful treatment of patients with chronic wounds.

Participants in this session will be able to:

- Describe the silent public health crisis of wound chronicity.
- Explain challenges that health care professionals face with chronic wounds.
- Identify economic and social factors affecting education, prevention, and awareness across the continuum.
- Apply multifaceted and multidisciplinary approaches in achieving better outcomes.
- Evaluate the disorders underlying chronic wounds that delay wound healing.

DIAGNOSTIC DILEMMA PART 1 – ATYPICAL WOUNDS: ANIMAL AND INSECT BITES

Noel W. Oliveira, MD, CWSP

1.00 CME | 1.00 Contact Hours

Emergency departments see most animal bites and insect bites because of significant tissue damage and/or infection. Mammalian bites are more prone to infection within a few hours after being inflicted. Insect bites should resolve within a few days, but some patients are more likely to experience bite complexities.

Animal and insect bite wound management consists of wound cleansing, debridement methods, and repair of skin and soft tissues. Rabies and tetanus injections may be indicated as appropriate in prophylactic use. The earlier the

type of bite is identified, the better wound management will be able to reduce the risk of infections and complications.

Participants in this session will be able to:

- Describe strategies in prevention and management of animal and insect bites.
- Explain general wound management practices of animal and insect bites.
- Identify differences in inflammation versus infection in wound bites.
- Evaluate appropriateness of use of prophylaxis in animal bites.

THE ULTIMATE “WHODUNNIT” – USING FORENSIC SKILLS IN WOUND ASSESSMENT

Marie Brown-Etris, RN, CWON

1.00 CME | 1.00 Contact Hours

Why did this wound occur? What really was the cause? Why does slough recur soon after excisional debridement? How could such an extensive pressure injury/ulcer occur when all appropriate preventative measures were in place? Colonic bacteria in a head wound—how?

There are often clues along the way that can easily be missed, such as the person who had such excruciating leg pain at night that she went to the emergency department twice and who ended up with “pressure ulcers” on one foot six months later. Or the individual whose tibia was fractured, had a rod nicely placed, but within two weeks had a necrotic and draining incision. Or the deep tissue pressure injury, or so everyone thought, that appeared out of nowhere a week or so after your patient decompensated, necessitating serious interventions.

In 2016, the National Pressure Injury Advisory Panel separated deep tissue pressure injury from other types of deep tissue injuries. This distinction is now included in the 2019 Clinical Practice Guidelines. What are these injuries, and how do they impact your practice? This topic and other investigative wound interventions, diagnostics, patient interview techniques, and deep dives into medical records will be explored.

Participants in this session will be able to:

- Describe a systematic approach to performing a physical assessment.
- Explain forensic skill strategies in performing a comprehensive wound assessment.
- Identify appropriate steps in obtaining patient’s history.
- Evaluate the educational and learning needs of patient and caregiver.

LIMB PRESERVATION AND SURGICAL RECONSTRUCTION: PREPARING YOUR PATIENTS FOR SUCCESS

Christopher Attinger, MD

1.00 CME | 1.00 Contact Hours

Limb preservation and surgical reconstruction require a multidisciplinary approach that entails driven protocols including preventive measures and diagnostic and therapeutic modalities. Revascularization, soft tissue expertise, and good medical support should be used to maximize efforts and outcomes.

Using a multifaceted approach supports limb preservation, enhanced healing, and decreased morbidity and mortality. Decreasing amputation rates and maintaining functional limbs are goals in this group of patients. Limb preservation goals include long-term function stability with minimal morbidity in a short time.

Participants in this session will be able to:

- Describe multidisciplinary strategies used in patients at risk for limb loss.
- Explain limb preservation and surgical reconstruction goals.
- Identify various conditions that can affect limb survival.
- Evaluate protocols in limb preservation and surgical reconstruction.

DIAGNOSTIC DILEMMA, PART 2 – ATYPICAL WOUNDS: PYODERMA GANGRENOsum AND VASCULITIC CONDITIONS

Windy Cole, DPM and Michelle Momenee, MSN, APRN, FNP-BC, CWS

1.00 CME | 1.00 Contact Hours

Pyoderma gangrenosum (PG) is commonly found on the legs but can develop on any skin surface. Systemic symptoms can include fever, malaise, arthralgia, and myalgia. PG lesions are sometimes severely painful.

Vasculitic wound types should be considered in patients with chronic wounds who have had good standard wound care and appropriate vascular interventions. Underlying systemic disease investigations are warranted, such as for autoimmune disease.

Participants in this session will be able to:

- Differentiate PG from vasculitic condition wounds by common characteristics.
- Explain the differential diagnosis of PG.
- Identify clinical findings in both PG and vasculitic wounds.
- Apply practical knowledge in care pathways for PG and vasculitic wounds.

A PATHWAY TO “ZERO” PRESSURE INJURIES/ DEFINING AVOIDABLE VS. UNAVOIDABLE PRESSURE INJURIES

Frank Aviles Jr, PT, CWS, FACCWS, CLT and Diane Rudolph, APRN-BC, DNP, CWOCN

1.00 CME | 1.00 Contact Hours

Pressure Injuries are found in every health care setting. Pressure Injuries continue to be among the greatest challenges and burdens for wound care clinicians. On day one of admission, proper prevention should be initiated to prevent and/or treat existing pressure injuries. A comprehensive full-body skin assessment, standardized pressure injury risk assessment, care planning, and implementation to address areas of risk are critical components of a pressure injury pathway.

In some patients, pressure injury development is unavoidable because of conditions such as hemodynamic instability and impaired perfusion. However, preventive care should remain in place, and it is known that these conditions do not automatically make pressure injuries unavoidable.

Participants in this session will be able to:

- Describe clinical pathways to “zero” pressure injuries.
- Explain avoidable vs. unavoidable pressure injuries vs. skin failure.
- Identify documentation pearls in avoiding delay in care.
- Apply strategies in pressure injury prevention and awareness.

WOUND HYGIENE PROTOCOL: WHEN, WHY, AND HOW TO CLEANSE

Dot Weir, RN, CWON, CWS

1.00 CME | 1.00 Contact Hours

Given what we know about biofilm, most chronic wounds in fact contain a biofilm. The concept of wound hygiene arose during a meeting of top experts in 2019. The wound hygiene concept can help in reducing antibiotic usage as well as moving hard-to-heal wounds toward a healing trajectory.

Chronic wounds are known to be complex and contain biofilm. Biofilms increase the risk of infection because of possible increased microbial virulence, antibiotic or antimicrobial resistance, and tolerance, as well as when host defenses are impaired by conditions such as diabetes and obesity.

Participants in this session will be able to:

- Describe the rationale for wound hygiene in biofilm presence.
- Explain the strategy steps in wound hygiene protocol.
- Identify the importance of proactive debridement in wound hygiene practices.
- Apply practical knowledge of wound hygiene in any health care setting.

INTERNATIONAL PERSPECTIVES ON PREVENTING PRESSURE INJURIES

Dr. Elizabeth Ayello, PhD, MS, BSc, ETN, RN, CWON, MAPWCA, FAAN and Gulnaz Tariq, RN, (PAK) Post Grad, BSc, IIWCC (Toronto), MSc Skin Integrity (UK)

1.00 CME | 1.00 Contact Hours

Globally, prevention and treatment methods for pressure injuries may differ. Pressure injury prevention is key, and applying a global perspective to the development of a pressure injury prevention plan may lead to greater success.

Pressure injuries impact quality of life, are known to be complex to prevent and treat, create economic burden, and can cause mortality. Pressure injuries have significantly increased during the COVID-19 pandemic. Education and prevention are essential in reducing risk of pressure injuries. Consistent collaboration among the patient, nurse, physician, and health care team will help facilitate a pressure injury prevention pathway.

Recent Advances: Although these injuries are often difficult to treat, an understanding of the underlying pathophysiology and specific attention paid to managing these perturbations can often lead to successful healing.

Critical Issues: Overcoming the factors that contribute to delayed healing is a component of a comprehensive approach to wound care and presents the primary challenges to the treatment of chronic wounds. When wounds fail to achieve sufficient healing after 4 weeks of standard care, reassessment of underlying pathological features and consideration of the need for advanced therapeutic agents should be undertaken. However, selection of an appropriate therapy is often not evidence based.

Future Directions: Basic tenets of care need to be routinely followed, and a systematic evaluation of patients and their wounds will also facilitate appropriate care. Underlying disorders, which result in the failure of these wounds to heal, differ among various types of chronic wounds. A better understanding of the differences among various chronic wound types at the molecular and cellular levels should improve our treatment approaches, lead to better healing rates, and facilitate the development of new more effective therapies. More evidence for the efficacy of current and future advanced wound therapies is required for their appropriate use.

Significance: Chronic wounds include, but are not limited to, diabetic foot ulcers, venous leg ulcers, and pressure ulcers. They are a challenge to wound care professionals and consume a great deal of health care resources around the globe. This review discusses the pathophysiology of complex chronic wounds and the means and modalities currently available to achieve healing in such patients.

Participants in this session will be able to:

- Explain strategies and resource tools in implementing prevention and monitoring of pressure injuries from selected different global regions.
- Identify persons at risk for pressure injuries including during the COVID-19 pandemic.
- Apply a multidisciplinary approach using clinical guidelines to maximize pressure injury prevention planning.

AMPUTATION AND PROSTHETIC MANAGEMENT: ELEVATING THE STANDARD

Kara Couch, MS, CRNP, CWCN-AP

1.00 CME | 1.00 Contact Hours

Amputation causes significant changes in body structures and functions, in addition to the effects of underlying disease, comorbidities, and concurrent injuries. However, prosthetics may help compensate for loss of body structure and function after limb amputation. Patients undergoing amputation may feel a sense of loss, as well as barriers to participation in their normal social roles. Patients must have a deep understanding of functional and systemic considerations in their environment.

Rehabilitation of a major lower limb involves various periods of evaluation, intervention, and setting of treatment goals and objectives. Communication among team members is essential in optimizing long-term outcomes. Individual treatment goals should be based on the patient's health status, level of amputation, and personal and environmental factors.

Participants in this session will be able to:

- Identify key risk factors for amputation.
- Describe evidence-based prosthetic and rehabilitation outcomes by using a team-based approach.
- Explain challenges with rehabilitation and prosthesis for the amputee.
- Evaluate psychological support preparation for the amputee.

PREPARING YOUR PATIENT FOR FLAP SURGERY: IT'S NOT JUST THE MORNING OF SURGERY / THE IMPACT OF SPASTICITY ON WOUND PREVENTION AND MANAGEMENT

Salah Rubayi, MD and Paulinder Rai, DO, MPH

1.00 CME | 1.00 Contact Hours

Flap surgery can help restore form and function to areas of the body that have lost skin, fat, muscle movement, and or skeletal support. A flap is a section of skin and underlying living tissue that lies adjacent to the wound. A flap carries its own blood supply. It is moved from one area of the body to another while remaining attached at one end to continue nourishment by the

original blood supply. Therefore, repositioning the flap over the wounded area leads to restoration. Paraplegic and quadriplegic patients are at a higher risk of developing pressure injury; however, they are also more difficult to treat because spasticity is a major risk factor. The challenge lies in clinical management complications of associated spasticity. Normal pressure injury implementation of prevention and wound care should be viewed in a different perspective with paralyzed patients who have associated spasticity.

Participants in this session will be able to:

- Describe advantages and disadvantages in flap surgery options in patients with associated spasticity.
- Explain flap surgery preparation for patients diagnosed with associated spasticity.
- Identify challenges and complications of spasticity in wound prevention and management.
- Evaluate strategies in spasticity control in overall care planning.

NUTRITION-RELATED SURGICAL WOUND COMPLICATIONS

Caroline Fife, MD, FFAFP, CWS

1.00 CME | 1.00 Contact Hours

Surgical wounds are distinctly different from chronic wounds. Non-healing surgical wounds are “stalled” in the inflammatory phase because of either ischemia or bacterial colonization. Pre-operative planning should include evaluation for adequate dietary intake and nutrient needs to reduce the risk of complications in surgical wounds. Nutritional screening, glycemic control, and smoking cessation are all essential in pre-operative planning to minimize the risk of surgical wound complications.

Utilizing various practical strategies to optimize a patient’s nutritional status is vital for enhancing the healing trajectory. Poor nutritional intake in surgical patients increases the risks of surgical wound complications and decreases their survival rate. Principal goals of wound healing are to diminish factors that may impede wound healing and optimize the wound healing environment.

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 toward the healing trajectory.
- Explain methods in goal setting for prevention of wound complications, for wound healing, and for management of non-healing surgical wounds.

NEGATIVE PRESSURE WOUND THERAPY ESSENTIALS: IT’S ALL IN THE SETTING

Krista Bauer, MSN, RN and Michael N. Desvigne, MD, FACS, CWS, FACCWS

1.00 CME | 1.00 Contact Hours

NPWT is an advanced wound care treatment modality shown to assist healing of various complex wound types in all health care settings. NPWT has been used in inpatient and outpatient wound care settings because it reduce exudates and promotes new tissue and perfusion.

Most clinicians who use NPWT in caring for patients with wounds are in need of additional education in NPWT application, monitoring, and operation. Ongoing education should be provided to the patient and clinical staff members who use the NPWT system and is imperative in achieving success in wound care patients. Using a multidisciplinary team approach is vital for successful healing outcomes.

Participants in this session will be able to:

- Describe wound types benefiting from NPWT.
- Explain how NPWT moves complex wound toward a healing trajectory.
- List various types of NPWT systems (e.g., single-use, instillation).
- Evaluate a multidisciplinary approach using NPWT.

WOUND INFECTIONS AND THE ROLE OF BACTERIOPHAGES

Randall Wolcott, MD

1.00 CME | 1.00 Contact Hours

Given the recent global threat of multidrug-resistant bacteria, phage therapy has been considered as an alternative to antibiotics or as a supplementary treatment approach in some bacterial infections. Bacteriophage application has been used in localized wound infections, burns, diabetic foot ulcers, and trophic ulcers.

Current phage delivery systems include topical solutions such as ointments, creams, and lotions, thus making them easier to remove with soap and water and to remain stable throughout treatment. This approach reduces the frequency of dressing changes. Upcoming delivery systems include new dressing categories and models, as well as systems that may target specific chronic wound microorganisms.

Participants in this session will be able to:

- Explain the wound care infection continuum.
- Identify the role of phage-based therapies in wound healing.
- Describe wound infection types where phage therapy is used.
- Evaluate prophylactic and therapeutic agents in bacteriophages.

A ROLE FOR BOTH: HYPERBARIC AND TOPICAL OXYGEN IN WOUND HEALING

Thomas E. Serena, MD, FACS, FACHM, FAPWCA and Kelly Johnson-Arbor, MD, FACEP, FUHM, FACMT

1.00 CME | 1.00 Contact Hours

The wound healing cascade can be greatly disrupted by impaired oxygen.

In wound chronicity, a hypoxic state encourages tissue death and dysfunction. Oxygen is known to play a role in inducing an angiogenic response, thus triggering differentiation of fibroblasts to myofibroblasts, as well as collagen deposition, in moving wounds toward a healing trajectory.

Risk factors affecting normal wound healing include arterial occlusion, hypotension, hypothermia, and peripheral venous congestion. Enhanced oxygen levels induce events that validate HBOT and TOT as clinically useful in wound healing.

Participants in this session will be able to:

- Describe approved indications for HBOT and TOT in wound healing.
- Decide on oxygen therapy per patient lifestyle and practical plan.
- Identify risk factors affecting normal wound healing.
- Discuss investigational areas for HBOT and TOT.